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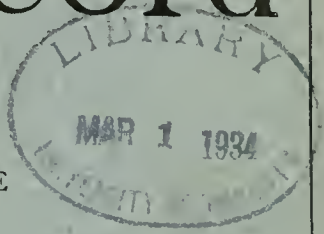

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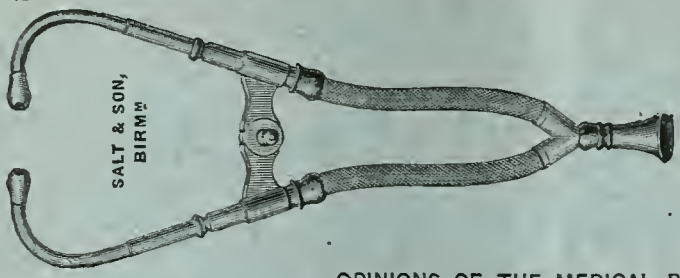

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FIG. 2

For detailed description of the Thermograph *vide* THE LANCET, Jan. 28, 1882.

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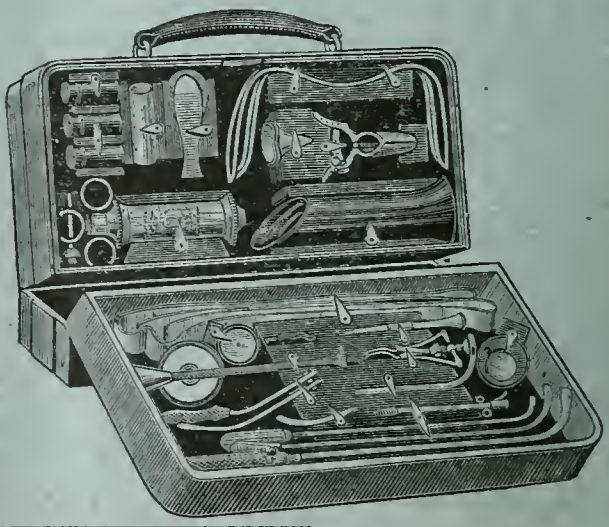

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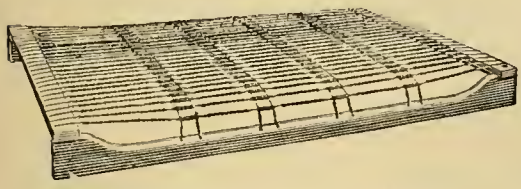

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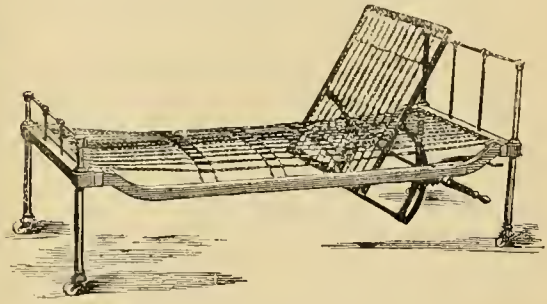

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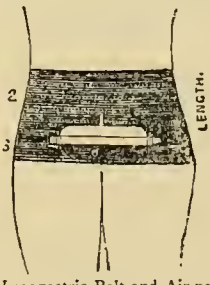

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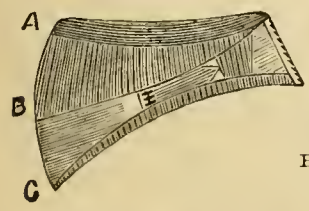

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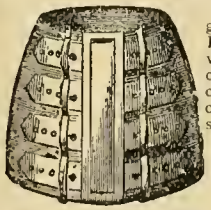

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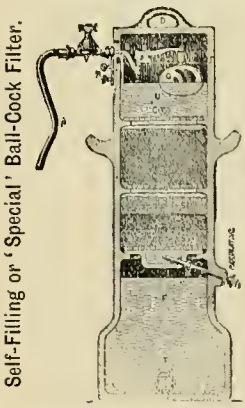

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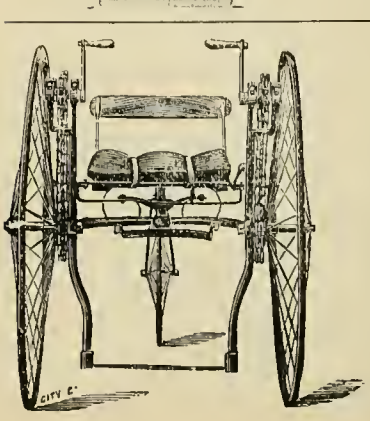

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Article 982.

KIRCHNER AND ASCHENBRANDT ON THE INFLUENCE OF THE NERVUS TRIGEMINUS ON THE HEARING ORGAN.

The January number of the *Monatsschrift für Ohrenheilkunde, &c.*, gives a *résumé* of a monograph by Messrs. Kirchner and Aschenbrandt, of the Würzburg University, on the influence of the fifth nerve on the organ of hearing.

Investigators have hitherto made their experiments on this nerve either at its trunk or root, while the observations here recorded were the results of action on the third branch, which, on account of its distribution, gave them a more practical value to aural surgeons.

Neuralgia of the fifth nerve has long been connected with many functional disturbances in the ear, such as tinnitus and dulness of hearing; but Professor Weber Liel, of Berlin, was the first to point out, in his work on 'Progressive Deafness' (*vide* report in London Medical Record of Nov., 1874), that many of the so-called catarrhal affections of the ear owed their origin, in reality, to nervous influences. The power of the trigeminus in causing trophic, vaso-motor, and sensory changes was pointed out, so that there arose hyperæmia and swelling of the mucous membrane of the cavity, with paralytic conditions of the muscles of the tube, and chronic dilatation of the tympanic and intra-tympanic vessels.

Magendie had shown that section of the fifth nerve caused changes in the nutrition of the cornea; these arise, according to Meissner, from the destruction of the trophic fibres in the nerve-trunk; according to Snellen, from the loss of sensation in the bulb, which removes the guards against external noxious influences. The latter reason will not apply to the changes which occur in a closed cavity like the tympanic cavity.

Berthold observed that electric irritation caused contraction of the vessels of the tympanic membrane. To eliminate the influence of the sympathetic, he cut the vagus and cervical sympathetic, and found that, instead of contraction, dilatation of the vessels occurred. Believing that this might be caused by the irritation of the splanchnic in the medulla acting on the blood-pressure from the aorta, he cut the spinal cord close below the medulla oblongata, and now found that electric irritation of the trigeminus caused neither narrowing nor dilatation of the vessels. He concluded that the fifth nerve did not possess either vaso-dilator or vaso-constrictor powers, but that, through the injury to the trophic fibres which it contained, the changes in the tympanic cavity were called forth.

Considering that the methods employed on animals under the influence of curari or narcotics weakened the conclusions to be drawn therefrom, Messrs. Kirchner and Aschenbrandt made their investigations on cats, comparatively intact. Having laid bare the third branch of the trigeminus close to the base of the skull, they cut the mandibular branch and acted upon it by means of Spamer's induction apparatus. With the first irritation caused by a weak current, lasting ten seconds, the vascular network of the cavity became plainly visible. This condition lasted several seconds, till gradually the mucous membrane became paler. When the irritation was repeated a second and a third time, the vascular injection was still more decided, and by lengthened irritation the entire membrane became livid. In a few seconds after the cessation of the current, it resumed its usual pale and moist condition.

While the dilatation of the vessels was present, and during the passage of the current, there was an increased secretion of thin watery mucus. This gradually lessened after the breaking of the current, and with the contraction of the vessels.

Simple division of the nerve did not cause any perceptible change either in the vascular fulness or the secretion of mucus.

The route by which the irritation of the operators caused the actions on the vessels and mucous glands is not yet determined; but experiments show that influences acting on the peripheral branches of the trigeminus have effects which correspond with observations seen in daily practice. With neuralgia of the branches of the fifth nerve, we see hyperæmia and inflammatory processes in the tympanic cavity, also conditions which point to changes in the acoustic, which pass away with the recovery from the neuralgia. As irritation of the spheno-palatine ganglion has been proved to cause increased secretion and temperature in the nasal cavity, and violent catarrh has been observed to arise in consequence of neuralgia of the second branch of the trigeminus, the authors consider that the otic ganglion and the third branch of the trigeminus may stand in the same relation to the mucous membrane of the tympanic cavity. W. Laidlaw Purves.

Article 983.

KONOVALOFF ON TRAUMATIC RUPTURES OF THE SPLEEN.

Dr. T. D. Konovaloff, of Borisoglebsk, Tambov Government, reports (*Vracheb. Vedom.*, 1882, No. 25) five cases of traumatic rupture of the spleen, which came under his notice within the last three years of his practice amidst peasantry of this eminently malarial district. The patients (four women, one man) were aged from 30 to 40. All the cases presented strikingly identical features, which were these. 1. All the patients were in their usual health and at their usual work up to the very time of the injury. 2. In all the cases there was history of blows dealt by the fist (street-fight, wife-beating), death following immediately afterwards, mostly on the spot. 3. On necropsy, the spleen was found considerably enlarged, softened, easily friable, its capsule being wrinkled, its pulp of a dark cherry colour. 4. The ruptures were always multiplex, in two to four spots, and had the aspect of an irregularly broken line or irregularly shaped star. 5. They were invariably situated at the lower half of the organ, the greater lacerations always being found on the outer surface, while the slighter fissures were met mostly on the inner aspect, around the hilus. The edges generally were widely gaping, and lacerations penetrated more or less deeply into the parenchyma. 6. In all the cases there was con-

siderable hæmorrhage into the abdominal cavity, black coagula being found partly around the spleen, partly amidst the intestinal coils. In one case only there was found some amount of bruising of the integuments in the splenic region.

The author, who keeps in view exclusively the forensic side of these cases, discusses the question whether it is possible, *post mortem*, to diagnose traumatic from the so-called spontaneous ruptures of the spleen. As the most constant and characteristic features of the former, Dr. Konovaloff points out (1) multiplicity of the lacerations (two and more), (2) their broken and irregularly stellated outlines, and (3) their situation chiefly at the outer surface of the lower half of the organ (that is, at the part which is best accessible for a traumatic violence). [Dr. Sladkovsky, in the *Archiv Sudebn. Medic.*, 1886, Vol. i., basing his conclusions on seven observations, goes even so far as to assert that in traumatic cases there are invariably present several ruptures of the spleen, and in the spontaneous always only one superficial laceration. Unfortunately, similar assertions lose much of their practical value when one comes across such examples as Dr. M. Stepanoff's two cases, in each of which injury caused only *one* rupture of the spleen (*Vracheb. Vedom.*, 1879, No. 369, p. 7817), or as Dr. T. Gauenstein's case of spontaneous rupture of a malarial spleen,,where there were found *two deep* lacerations (*Vratch*, 1881, No. 36, p. 608).—*Rep.*]

V. IDELSON, M.D.

ARTICLE 984.

FOÀ AND TIZZONI ON REMOVAL AND REPRODUCTION OF THE SPLEEN.

AT the annual meeting, in 1882, of the Italian Medical Association, Prof. Pio Foà read a paper on the Physio-Pathology of the Spleen. Referring to the latest studies on the subject, and to his method of experiment, by which he carefully examines the omentum before proceeding to the removal of the spleen, he remarked that the action of the air does not seem much to be feared, since he only had two cases of septicæmia in the forty-five cases in which he operated on dogs. He speaks of the results of the removal of the spleen in anæmic dogs examined at various periods with no result, as far as the new production of the spleen is concerned. Thus he had seen excessive functional activity of the marrow of bones follow the ablation of other organs besides the spleen. He has found often in healthy dogs nodules of the omentum, as well as in the gastro-splenic ligament. Cauterisation of the spleen gave rise to adherences between it and the omentum in the cauterised points; there was no new production of nodules. The splenic pulp near the cauterised point shows a re-awakening of the hæmatopoietic energy. After ligature of the splenic artery and its branches he did not observe modifications of the spleen. Sometimes there was awakening of the hæmatopoietic activity. Partial amputation of the spleen is followed by swelling and hæmatopoiesis of the remaining part. He does not admit the conversion of the epiploon into splenic tissue ; in fact, when the epiploon is removed even without any adhesions, cicatrisation happens. He obtained no results from irritating the epiploon. He concluded as follows. 1. Re-formation of the spleen after removal is not proved by experiments. 2. Many pathological facts in the spleen may be explained without assuming its new formation. 3. The production of nodules is independent of the state of the spleen and of the osseous marrow. 4. The spleen may be re-formed when it is partially removed. 5. The spleen is virtually only hæmatopoietic. 6. Even in the physiological state nodules are found in the omentum, while no pathological alteration of the spleen and hæmatopoietic organs exists at the same time.

At the same meeting (*Ibid.*) Dr. G. Tizzoni related seven cases of splenotomy in the dog. In two of these cases he observed diffused reproductions of the spleen in the great omentum and in other folds of the peritoneum, consisting of nodules containing nucleated red corpuscles in great number. Undoubtedly the spleen was normal in these cases : besides the large nodes, spots on the omentum were found, which represented the commencing formation of Malpighian corpuscles. The aspect of the nodules is that of newly formed spleen, follows the same course of development, is not limited to the omentum, but extends to other points—for example, the meso-rectum and gastro-splenic ligament. In sixty dogs he found seven diseased spleens with simultaneous new production. The alterations found in the great spleen were of three kinds : (1) cicatrices here and there in the spleen ; (2) a single cicatrix which divided the spleen in two ; (3) simple cicatrix, to which the great omentum is adherent. He showed the drawing of a splenitis indurans. The new production of the great spleen took place around the affected part of the spleen, then as much in the gastro-splenic ligament as in the omentum when this had become adherent to these parts, and therefore he believed it impossible to do splenotomy without meeting with pre-existing nodes. He insisted on the fact that the newly formed spleen has the character of embryonic spleen, and follows a natural development, while in the new productions of the omentum from disease of the great spleen, the small nodules have the character of adult organs and are irregularly developed, perhaps because in this case the new production was surprised in a more advanced period. In experimental reproduction, the nodules always contain Malpighian corpuscles, while in pathological reproduction there may be even large nodules without corpuscles, and represented by simple infiltration of blood in a connective tissue with many venous vessels having thin walls. He showed also that the new formation of the spleen is the more abundant in proportion as the great spleen is affected, except when the great omentum is implicated in the lesion. As to the reproduction of the portions of spleen, he agreed with Griffini, that it proceeds from the omentum. To surprise the phases of development of the splenic reproduction away from the wound, he opened the abdomen at various periods, and demonstrated the successive appearance of nodules of spleen in the great omentum.

In conclusion, he admitted that the spleen can reproduce itself totally as much after removal as in disease of the spleen itself, when partial reproduction may take place through the medium of the great omentum. The probable conditions which favour these reproductions, total or partial, are the removal of irritating processes, and the employment of means which conduce to prompt cure ; and, therefore, local reproduction is observed when the operation is done by the knife, and is wanting when a lesion is produced with more energetic means, such as caustic, &c. As to the interpretation which must be given to this

new formation of the spleen, Tizzoni has made new researches which lead him to conclude that the connective tissue, in various contingencies of the organism, returns to the embryonic state, and that reproduction of the described nodules, and the appearance of elements which have the nucleus disappearing and the protoplasm smooth and colourable with eosine, takes place.

Professor Foà stated that he had operated on forty-five dogs. He opposed twelve cases of removal of the spleen to Tizzoni's seven, in which, after the most rigorous examination of the epiploon before and after the operation, he found no regeneration of the spleen; in the smallest nodules thoroughly examined, he could not find Malpighian corpuscles. He said he could not accept the explanation of the development of the splenic pulp from hæmorrhagic infarct around a Malpighian corpuscle. He said he had seen several cases of pathological spleen with nodes on the adherent omentum, but he insisted again on cases in which he had found nodules on the free extremity of the epiploon without adherence, and without any alteration of the spleen and hæmatopoietic organs. He was not able to accept any necessary connection between these nodules and any state whatsoever of the spleen.

G. D'Arcy Adams, M.D.

Article 985.

SAVAGE ON MARRIAGE IN NEUROTIC SUBJECTS.

Dr. G. H. Savage (*Jour. of Mental Science*, April 1883) contributes a paper on the marriage of neurotic subjects.

Opinions on this point appear to differ. Dr. Savage says: 'I find one set of physicians looking with horror upon the idea of anyone marrying who is markedly neurotic, whereas another class looks to marriage to cure nervous evils. By neurotic persons I mean those who have suffered from insanity, epilepsy, or grave hysteria, and the near blood-relations of such persons.'

Nevertheless, Dr. Savage thinks that it is possible for people to be in too robust a state of health as regards their nervous system. 'I am inclined to think,' he says, 'that if it were possible for us to select those who are to be married, and if we selected only those who are nervously stable for the parents of the next generation, the children might suffer from a want of adaptability. They might, in fact, develop from nervous *stability* into nervous rigidity.'

In support of this statement, we have only to look round amongst the families of our acquaintance, and see how often it happens that robust children are the offspring of a parent of highly nervous or even hysterical temperament, such parent usually being the mother, from whom it is supposed the children inherit more of good and evil than they do from the father. The introduction of new blood into a family of horses or cattle is always considered a desideratum, and those marriages contracted by persons of exactly opposite temperaments are usually looked upon as likely to lead to mutual happiness.

Passing on to details, Dr. Savage asks, 'Does marriage generally do good or harm in grave hysteria?' and he answers: 'It would be harmful in my experience, if every young hysteric were then and there married. The relief, if any, would be temporary, and the result to the developing organism would be disastrous. I do not myself believe that hysteria is *generally* benefited by marriage. I admit I have seen one case, in which anorexia nervosa and extreme depression in a young single girl passed off after marriage and the birth of children. On the other hand, I have seen several cases in which the hysterical girl has become the insane mother, and the hoped-for cure by marriage has proved a delusive dream.'

Next as regards epilepsy, Dr. Savage writes: 'I should dread the effects of marriage upon an epileptic almost more than those who had been insane. The comparative rarity with which epileptics get well, and the mysterious causation of the whole epileptic condition, make it a dangerous experiment to recommend marriage for the relief of these unknown conditions.'

The combination of epilepsy and insanity is considered, as might be expected, to be far more dangerous than that between hysteria and mental disorder, both to the parents and their children. Dr. Savage says: 'An epileptic parent may, like Brown-Séquard's guinea-pigs, beget children who are epileptic or insane even. Therefore, in speaking of marriage with epileptics, one has not only the hopelessness of cure, but the danger of the offspring to be considered.'

'Next, and perhaps this is the question that will chiefly interest most of us, under what conditions are you to countenance marriage with either insane patients, patients who have been insane, or patients who have very strong nervous inheritance?' Of course, the answer to these questions must be influenced by the circumstances of each particular case. 'Before giving advice as to whether a patient should or should not marry after having had an attack of insanity, I think one should very definitely investigate the cause of the insanity and the nature of the attack, besides taking into consideration the nervous inheritance.'

The surrounding circumstances of the case ought also to be duly weighed. 'One question quite apart from the medical aspect of the case would have to be considered—that there are marriages and marriages; so that, if you could insure the prospect of comfort, that is, if you were able to see that the selected companion was suitable as far as years and means were concerned, the chances of maintenance of health would be greater than if there were great disparity of years and a certainty of poverty and anxiety to contend against.'

Concerning the delicate question as to whether or not means should be taken to prevent offspring from arising from the marriage of neurotic subjects, Dr. Savage says: 'I myself should strongly oppose such measures, unless the patient had had several attacks of insanity, or unless there were at least two children of the marriage.' 'Without children, too, the parents become egotistical, and egotism and insanity are not far removed.'

'Another point is when a patient may be married; that is, how soon after an attack of insanity. Most of us have seen cases in which the insane inheritance has been transmitted directly, and, if I may say so, immediately. I have seen three or four cases in which children have been begotten by insane parents who were suffering from acute insanity at the time of their begetting. Such persons are almost sure to be weak-minded, idiotic, or imbecile, from birth. On the other hand, the greater the distance there is between the attack and the begetting of the child

the less danger is there to the offspring. I am in the habit of saying that a general paralytic father rarely begets an insane child, unless that child is begotten during the active stage of the disease.'

'The point, then, upon which I would insist, is that the danger to the offspring is directly in relationship to the active insanity itself—that a parent who has been insane may beget an insane child soon after recovery, before the attack, or during the attack of insanity, but that he may beget perfectly sane children in the interval.'

'To sum up the whole matter,' says Dr. Savage, 'one would say that marriage would relieve a certain number of hysterical cases, and that it is justifiable in a certain number of cases who have suffered from insanity. I should never advise marriage as a cure for hysteria, without warning the friends that it might or might not be beneficial, and that the good depends not only on the marriage, but on so many other circumstances. I should not oppose every marriage of those who had been insane, provided only one of the contracting parties had been so, and the other was of good physical health and not of nervous disposition.'

The profession cannot but feel grateful to Dr. Savage for this attempt to lay down rules for their guidance in giving advice concerning this most difficult subject. HENRY SUTHERLAND, M.D.

ARTICLE 986.

BRAUN ON PUERPERAL INVERSION OF THE UTERUS.

THE following case is recorded with comments in the *Wiener Med. Blätter* for February 22. A primipara, 20 years of age, well nourished, but somewhat flabby and moderately plethoric, was delivered naturally of a healthy male child, weighing 3,150 grammes (111 ounces), about five hours after the rupture of the membranes, at 3.0 A.M. on July 1. A few minutes later, without any traction having been made on the umbilical cord, a bag of membranes filled with blood protruded from the vulva and soon burst, discharging an enormous quantity of blood, mostly fluid, followed immediately by the inverted uterus with the placenta partly attached to its surface. The attendant, whose hand had been gently rubbing the abdomen, felt it at the same time suddenly empty. The uterus was replaced within the vulva, the placenta detaching itself in the process, and taxis was applied with the flexor surface of the fingers of the left hand. The right wall, corresponding to the pressure of the four fingers, was reduced first, and the other followed at once. Friction was then applied to the uterine wall by the right hand on the abdomen, against the left in the uterine cavity. Two litres of a 2 per cent. carbolic solution were injected into the uterus, followed by four litres of cold water, and subcutaneous injections of ergotin were employed. The patient had lost more than 1,800 grammes (63 ounces) of blood, had almost lost consciousness, and was nearly pulseless. The lower extremities were, therefore, entirely enveloped in elastic bandages, the hips raised, and ether injections, tea with rum, &c., administered, until the pulse became moderately strong, and about 104 in the minute. The temperature was not taken on account of the necessity of keeping the patient warmly covered. Ice was placed on the abdomen, and no massage employed, and the uterus contracted so well that five stools passed within the twenty-four hours without causing any attempt at inversion. In spite of the free administration of stimulants and fluid nourishment, by mouth and rectum, the heart's action increased until on the evening of the second day the pulse was 152, with a temperature of 36·2 C. (97·16 F.), and a disproportion between pulse and temperature was still present two weeks afterwards. The importance of the autotransfusion by means of the elastic bandages was shown by the subsequent history. When they were only partially loosened on the thighs after four hours, symptoms of threatening collapse necessitated their re-application in a quarter of an hour; the attempt some hours later to bandage an arm and set free one leg produced dizziness, and the bandages could not be fully removed until after nineteen hours.

Pyrexia began on the third day, the temperature rising to 41·3° C. (106·34° F.) with a pulse of 144. A complete remission on the tenth day was followed by a rigor on the eleventh, after which an evening temperature of 40°C. (104°F.) became the rule for two weeks. The anæmia prevented the use of febrifuges except in minimum doses. The above-mentioned rigor was followed in two days by an attack of erysipelas, spreading from the vulva over the nates and thighs, and disappearing simultaneously with the high temperature on July 28. Phlegmasia alba with thrombosis in both legs were quickly cured by the inunction of unguentum cinereum on the ninth, tenth, and eleventh days, 20 grammes ($\frac{2}{3}$ ounce) being used in all, and disturbance of sensibility and motility in both feet had nearly disappeared when the patient left the hospital on Aug 30. She kept her bed until September 14, on account of anæmia and slight paresis of the legs, but when seen on September 17 she could walk easily without support. Although she did not suckle her child at all, she did not menstruate until November 1, when the flow was scanty, and lasted three days. When she was seen on November 8, the involution of the uterus was complete, and its position and mobility normal; the os admitted the finger tip for 1½ centimètres (about ½ inch). The patient was still somewhat anæmic, but felt well, and had resumed her occupation of working a sewing machine in the end of October. Occasional tingling in the feet reminded her of her former nervous disorders.

The placenta weighed 600 grammes (20 ounces), with its accompanying clots; the cord was of normal length, and was inserted 4 centimètres (1½ inches) from the margin.

This case shows the operation of complete atony of at least a portion of the uterus in the production of inversion, which may then be induced even by the pressure of the abdominal muscles, so that it is not necessary to refer it always to external influences. The blood liberated by the partial detachment of the placenta collects between it and the uterine walls, flows into the membranes, and presses them down to the vulva, out of which they protrude, the blood behind meanwhile dilating the lower segment of the uterus. The sudden bursting of the membranes and escape of the blood causes the inversion of the distended uterus, a partial inversion having probably already begun at the uncontracted seat of placental attachment, which may have been aided by traction on the part of the membranes.

Inversion is not so rare in primiparæ as has been imagined, and the following are the causes of its production in them.

1. Feebleness of uterine contractions from the length of the labour, even when it is terminated by forceps, is the first cause.

2. Attachment of the placenta to the fundus, which is more common in primiparæ, predisposes to inversion.

3. The tense vaginal walls do not give under the downward force, and therefore do not so easily prevent inversion.

4. The narrow vulva serves to hinder the outflow of the blood, and so facilitates inversion through distension, and subsequent sudden escape of the blood.

In multiparæ, a predisposition to inversion may be occasioned by adherent placenta in previous labours.

ALICE KER, M.D.

ARTICLE 987.

BLASI ON THERMOMETRY IN THE TUBERCULAR MENINGITIS OF CHILDREN.

A PAPER on this subject, read by Prof. Pio Blasi before the Royal Academy of Rome, is given in the *Gazz. Med. Ital. Prov. Venete*, April 21. His observations were founded on thirty-eight cases occurring in ten years in the Hospital of the Bambino Gesù, and in which the clinical history was controlled by *post mortem* examination. The thermometric curve in this disease is most variable, now very low, now rapidly rising to great pyrexia, or presenting short daily oscillations, irregular as to ascent and depression. In spite of this variability the author finds rules which render it distinctive. The medium is not above 39° C. (102·2° F.), the maximum observed was 41° C. (105·8° F.), when with tubercular meningitis acute miliary tuberculosis and pulmonitis were associated, and 40·9° (105·6° F.) in the final period of the disease. The great depressions noticed by the writer do not occur at the height of the disease, but in its last stage, especially when grave collapse is the forerunner of death. Bontan's assertion that the medium temperature is below the normal is not consistent with facts. Blasi finds the medium to be 39·3° (100·9° F.). The usual type of the curve corresponds to the remittent with evening augmentations. In 245 times, the temperature was found higher in the evening in 176, stationary in 18, lower in 51. The greater elevations were found in the commencement and towards the close of the disease. In the intermediate stages, the temperature was relatively low with slow pulse ; a day or two before death, in the majority of cases, the highest temperature was reached. This fact, attributed by Henoch to paralysis of the caloric controlling centre, was only wanting in 9 of the 27 cases observed. Hyperpyrexia was observed when the inflammatory element predominated over the tubercular, or when pneumonia or eruption of miliary tubercle in other organs occurred to complicate the case. The lowest temperatures, on the contrary, were found when chronic phthisis, pulmonary or mesenteric, existed ; nor does the onset of tubercular meningitis, in the course of ordinary phthisis, cause a further rise of temperature beyond that due to the primary disease. Among the cases distinguished by low temperatures, the author notes the frequency with which lesion of the cerebellum occurs under the form of more or less cascated solitary tubercles. In 15 cases in which were noted low temperatures between 38·8° C. (103·4° F.) as a maximum, and 36·9° C. (98·4° F.) as a minimum, in 10 the autopsy revealed the presence of cerebellar tubercle. Where these tubercles were found the temperatures were always low. From this he admits the very probable, if not positive existence of a relation between tubercular lesion of the cerebellum and depression of the thermometric curves in tubercular meningitis. This fact, to which other observers have not drawn attention, is not met with in any other complication with anything like the same constancy.

The author confirms the want of rapport between the height of the temperature and the frequency of the pulse and respiration, and speaks of the difficulty of the differential diagnosis between tubercular meningitis and typhoid or subcontinuous fever, with predominance of cerebral phenomena or with simple meningitis. Lastly, he treats of the possibility, by the aid of the thermometer, of establishing the diagnosis or of learning approximately the duration of the disease. For example, one can speak almost with certainty of an inflammatory process affecting the meninges, when, pneumonia and miliary tuberculosis being excluded, the temperature is noted above 39° C. (102·2° F.). One can foresee with much probability cerebellar tubercles in cases of low temperatures, especially if one can exclude a form of concomitant chronic tuberculosis of the chest or abdomen. Thus, from the study of the thermometric curve one can have an indication of the stage of the disease and of its duration, keeping in mind its depression, together with slowing of the pulse in the intermediate stages, the elevation again before death, &c.

G. D'ARCY ADAMS, M.D.

ARTICLE 988.

TOLOCHINOFF ON ACCUMULATION OF PUS IN THE UTERUS.

PROFESSOR N. F. TOLOCHINOFF, of Kieff (*Vracheb. Vedomosti*, 1882, Nos. 533 and 534), describes that rare form of purulent accumulation in the uterine cavity which is occasionally met in old women far advanced in their climacteric period. This affection, references to which the author could find only in English literature (Tilt, R. Barnes, Matthews Duncan, Ashwell, Graily Hewitt), is characterised mainly by periodical discharge of offensive pus through the os, which remains pervious to a sound. The introduction of the latter is always accompanied by the escape of purulent fluid from the womb. The uterine cavity is invariably enlarged, its walls being more or less thinned. The uterus at the level of the internal os is often retroflexed or anteflexed. The patients mostly complain of general weakness, and of constant or periodical pains low down in the pelvis. The periodical increase of pelvic pain coincides with the appearance of purulent discharge. The latter possesses very irritating properties, giving rise to colpitis, distressing pruritus of the external genitals, chronic eczema of the thighs, &c. Many of the patients present yellowish pallor of the face.

Passing to the theory of these cases, Professor Tolochinoff comes to the conclusion that the affection results from uterine catarrh of long standing. Any slight obstruction (as caused by a flexion or initial cancerous consolidation of the cervical tissues) to the escape of uterine discharge may lead to retention of the secretion, with gradual distension of the thin walls of the atrophic senile womb. Under the influence of the air which still can penetrate through the pervious os, the retained catarrhal fluid

undergoes decomposition, acting very irritatingly on the mucous membrane, and producing ulceration with more or less abundant purulent secretion. (In the author's cases the quantity of pus discharged at a time was not more than one or two tablespoonfuls; but in Ashwell's case it was about ten ounces.)

The author details two of his cases of the affection in question, and the treatment they underwent. In one of the cases, Duncan's intra-uterine injections of nitrate of silver, Barnes' introduction of solid sulphate of zinc, and injections of tincture of iodine and salicylic acid, brought only slight relief. The author decided then to treat the uterine cavity as if it were an abscess. Accordingly, he introduced an intra-uterine pessary in the shape of a silver drainage-tube and daily washed the womb through it with one per cent. solution of carbolic acid. A considerable improvement both of the local conditions and of the general health followed. The occasional removal of the drainage-pessary was followed within two or three weeks by the return of pelvic pains, purulent discharge, and general symptoms. By the end of two years, complete recovery was seemingly obtained: the uterine cavity decreased from 8 to 6 centimetres; the discharge ceased, and did not reappear after taking out the intra-uterine tube. The other patient is still under observation. V. IDELSON, M.D.

ARTICLE 989.

THOMSON ON LIGATURE OF THE INNOMINATE ARTERY FOR SUBCLAVIAN ANEURISM.

IN a recently published pamphlet, Mr. Wm. Thomson, of Dublin, has submitted to the profession a full report of his case of deligation of the innominate artery, together with such remarks and gleanings from the literature of this subject as may tend, it is hoped, to throw more light upon it, and to have some influence in helping to success in some future attempt of a similar kind. In this well-known case a tape ligature, as used by Mr. Barwell, was applied, under antiseptic conditions, to the innominate artery of a man, aged 49, who presented a large and violently pulsating aneurism of the right subclavian artery of about fifteen months' duration. The patient did well until the thirtieth day, when there was bleeding from the wound to the extent of about three ounces. Nine days later, very severe hæmorrhage took place. This was not renewed; but the patient died from exhaustion on the forty-second day from the date of the operation. At the time of the first attack of hæmorrhage, the wound had almost entirely healed, and there was but one small opening in the skin, which led into a small cavity above and slightly behind the right sterno-clavicular articulation, and containing about a drachm of pus. At the *post mortem* examination perforating ulceration, somewhat larger than a sixpence in area, was found at the bifurcation of the innominate into the subclavian and carotid arteries. The wall of the innominate was about two lines in thickness at the site of the ligature. The clot was firmly adherent to the walls of this vessel, and extended backwards through most of its length. The seat of constriction by the ligature was about a quarter of an inch from the cardiac margin of the ulcer. The walls of the artery at this point were not divided, and the ulcer had not taken origin at the seat of the ligature. The vessel was not occluded by adhesion of the inner surfaces, but a chink remained at the ligatured portion, through which the clot was continued, and had been united to the clots in the subclavian and carotid. The coats of the innominate were undivided at the seat of constriction. Careful examination was made without success for traces of the ligature.

In this case, treatment by distal ligature was disposed of at the outset by the fact that no pulse could be found in the brachial and axillary arteries. Amputation did not seem to hold out any additional hope, because it was evident that a collateral circulation had already been set up, in which the vessels on the cardiac side of the aneurism were largely engaged. Ligature of the subclavian in its first part had been contemplated at an early stage of the disease; but, on the second visit of the patient, Mr. Thomson found that the aneurism had progressed inwards, and had probably invaded the artery close to its origin. It remained, therefore, either to abandon the case altogether, or to give the chance, slight though it was, of tying the innominate. To Mr. Thomson and those colleagues who gave him their opinions it was thought that the latter course was one which, in justice to the patient, ought to be taken.

Mr. Thomson, in answer to the condemnation of this operation by Erichsen, Gross, and Velpeau, holds that death occurring through a series of cases is no reason why we should desist from repeating an operation which, although attended by enormous difficulties, is, under the present conditions of surgery, by no means hopeless. Ligature of the innominate, it is believed, may be safely done. A careful study of the cases which have been published will show how very near many of them came to success. In a considerable proportion of cases more or less of firm clot was deposited, and that condition was present which is regarded as one of the essentials of success in deligation of an artery in its continuity. As death, in the majority of cases, has resulted from hæmorrhage, and this chiefly from ulceration of the ligature through the vessel, and as the possibility of obtaining obliterating clots in the innominate, subclavian, and carotid, or in the innominate and carotid has been shown, it only remains that, to make a long stride forward to success, we should use an antiseptic animal material which will not divide the vessel, but only keep its walls approximated for a sufficiently long time. In this case, though the old tale of hæmorrhage was repeated, there can be no doubt that it was not here set up by the ligature cutting through the vessel. This ligature held the vessel until a firm organised clot was formed; and if an ulcer had not formed, and this at a distance from the seat of ligature, the patient would have recovered. The history of the ulcer, Mr. Thomson states, is associated with the use of the drainage-tube, which had been left in for about six days, except when removed to be cleaned, and, when finally removed, had left behind it a sinus leading down to the bottom of the wound. This track holding some discharge had provided a nest of septic organisms when these unhappily got access, probably owing to the difficulty of keeping the dressing in accurate position on the neck. The vessel was thus subjected to the eroding action of pus, small in quantity through it was, as it lay in a pocket on its anterior surface. A large cavity is left after the operation is terminated. The approximated edges of skin unite and heal much more rapidly than the deeper parts, and the clavicle assists in preventing the soft tissues from falling together. To over-

come this formation of a cavity, which has happened in every case on record, and adds enormously to the risk, Mr. Thomson would, in any future case, apply carefully adjusted sponges outside the dressings, and over these light shot-bags, so secured as to exert constant and moderate pressure over the wound. Mr. Thomson holds that it is not necessary in cases like his to tie the carotid at the same time in order to cut off the reflux current of blood from contact with the seat of ligature on the innominate. In most of the recorded cases of deligation of the innominate, an occluding clot had formed up to the bifurcation of the innominate. In Smyth's well-known case, simultaneous deligation of the carotid did not save the patient from fearful hæmorrhage.

Mr. Thomson points out as a fact of very great interest, that the innominate in his case was not only not divided by the ligature, but that its walls were not adherent. The introduction of the antiseptic catgut ligature in the tying of vessels in their continuity may, it is hinted, demand a revision of the received views upon the essentials to success. It has been proved that this material need not cut through the artery, that it need not sever the internal coats, and that the simple irritation caused by the surgical closure of the artery is sufficient to render that closure permanent. On the other hand, however, it is no less clear that division of the inner coat does increase the rapidity of the adhesive process by presenting cut edges within the artery. It is thought that this effect may be secured, and at the same time a ligature used that will not wound or sever the outer tunic, by applying at first a suitable silk ligature to give all the advantage of the internal wound, and replacing this at once by a broad animal ligature drawn just tight enough to bring the wounded parts into close apposition, and to keep them there until union is perfected. This, however, ought only to be tried in a fairly healthy artery. Mr. Thomson also points out that, if it be true that the presence of a clot in a tied artery is not a necessity, the area of operative procedure may, perhaps, be widened with less fear than we might anticipate. The rule that we should avoid deligation in the neighbourhood of collateral branches is based upon the belief that no clot would be likely to form there, because of the recurrent circulation; and that secondary hæmorrhage would almost inevitably occur.

An abstract is given in this pamphlet of thirteen other cases in which the innominate alone was tied for subclavian aneurism, of three cases in which the same operation was performed for secondary hæmorrhage, and of three cases in which both the innominate and the carotid were tied for aneurism. The only case in which the patient recovered is that in which A. W. Smyth of New Orleans ligatured both the innominate and the carotid, and, subsequently, after profuse hæmorrhage on the fifty-first day, the right vertebral artery. With such a terribly disheartening record, one may well ask with Mr. Thomson, is ligature of the innominate justifiable under any circumstances? This is a question to which the author, fully realising the responsibility, would reply yes. He believes that it is possible to tie the artery with a ligature that will not divide its coats; that it is possible to occlude it and its branches with a permanent clot, to have an aseptic wound, and to avoid secondary hæmorrhage. The history of his case shows how very nearly it reached success, the patient having survived for forty-two days, a period second only to that of the case recorded by Gräfe. W. Johnson Smith.

Article 990.

TRÉLAT ON CONGENITAL HERNIA.

In a paper communicated to the 'Société de Chirurgie' of Paris on March 7, M. Trélat pointed out the gravity of congenital hernia. In this variety, the strangulation is apt to occur suddenly, and always has some special form and situation. The strangulation is usually situated at the inner or superior part of the inguinal canal, sometimes even within the abdomen; it is least frequently met with at the inferior extremity of the hernial sac, that is to say, at the junction of the vagino-peritoneal canal with the testicular tunica vaginalis. In strangulated congenital hernia, through difficulty in diagnosis, the surgeon is likely to delay in operating, and, by attempts at taxis, to effect 'either merely a temporary reduction, or a reduction *en masse*.' M. Trélat is of opinion that congenital inguinal hernia is of more frequent occurrence than is generally supposed, and that a number of varieties of hernial sacs described as being the results of complications, of contractions of lacerations of different kinds are, indeed, nothing more than congenital herniæ.

Allusion is made in M. Trélat's communication to a recent inaugural thesis by M. Ramonède on the peritoneo-vaginal canal and strangulated peritoneo-vaginal hernia in the adult. M. Ramonède has dissected 215 adult male subjects, and has made out that in about fifteen per cent. of such subjects the vagino-peritoneal canal remains more or less patent. The proceeding employed by M. Ramonède in this investigation was more efficient than that employed with the same object by Camper, as he made injections, and thus obtained moulds like to those of the uterus obtained by M. Guyon. From the study of these models have been deduced the following facts, which seem to have much practical importance. The peritoneo-vaginal canal, according to M. Ramonède, presents:—1, at its origin in the interior of the abdominal cavity and within the fascia transversalis, a kind of funnel; 2, at the point where it traverses the fascia to penetrate into the inguinal canal, its first contraction; 3, in the inguinal canal itself, a dilatation; 4, at its exit from the canal, a second contraction not very well marked; 5, within the scrotum, another dilatation; 6, and finally, at the lower part of the canal, where it opens into the tunica vaginalis, there is a third and last contraction. The intra-abdominal portion of the canal may contain a loop of intestine, which loop might become strangulated at the very entrance of this funnel. Cases of this kind, however, are extremely rare; and, as a rule, the seat of strangulation in congenital hernia is either the superior or the inferior constriction of the vagino-peritoneal canal, most frequently the former.

The difficulty in the diagnosis of this form of hernia is the determination of its congenital nature. It will not suffice for this purpose to interrogate the patient and simply to inquire how long he has had a rupture. Though he may report that he was always ruptured, it does not follow that the hernia must be a congenital one; and, again, a congenital hernia may not have been observed by the patient before the age of twenty years or more. It should not be forgotten that a hernia existing at birth is not always what is known as a congenital one, but strictly that

consisting in a protrusion into an unobliterated vagino-peritoneal canal.

M. Trélat reports in this communication a case of congenital inguinal hernia strangulated at the inferior constriction of the vagino-peritoneal canal. The patient, a man aged 58, presented the following condition. There were decided symptoms of intestinal strangulation; in the inguinal region was a soft tympanitic swelling, which could be reduced without difficulty, but returned immediately on the cessation of pressure; with the return of the intestine into the peritoneal cavity and the apparent reduction of the hernia, the lower portion of the scrotum was observed to be dragged upwards, and the corresponding testis to be carried into the abdomen. The characters then of this peculiar instance of hernia were: extreme facility of reduction, equal facility of reproduction, connection of the corresponding testis with the hernial swelling, and persistence of the symptoms of strangulation. On the fourth day, M. Trélat made an incision over the hernia and came on a loop of intestine which, though reddened and slightly swollen, presented no trace of mortification. The sac was then examined with much care, and at its lower portion, corresponding to the union of the sac and the tunica vaginalis, a ring was found with hard firm margins, and a little less than half-an-inch in diameter, which was occupied by a portion of intestine. After incision of the margin of the ring, the included portion of intestine which presented manifest signs of strangulation was then set free. The patient, however, remained somnolent and comatose, and died shortly after the operation. This case, it is held, teaches surgeons that, in dealing with strangulated inguinal hernia, care should be taken to make out whether it be or not congenital. If it be suspected to be a congenital hernia, and if a ready reduction be accompanied by displacement of the testicle towards the ring without cessation of the symptoms of strangulation, it is justifiable to assert that the constriction is situated near the tunica vaginalis. The diagnosis having been made, the seat of strangulation is known; and the necessity of early intervention becomes apparent in consequence of the special activity of the constricting agent.

M. Trélat refers to several cases of a somewhat similar condition that have been recorded by Dupuytren and Scarpa, and of late by Verneuil, Goyrand, Tripier, and others. W. JOHNSON SMITH.

ARTICLE 991.

VOGT ON RESECTION OF THE ANKLE.

DR. P. VOGT, of Greifswald, in a contribution to the *Centralblatt für Chirurgie*, No. 19, 1883, on resection of the ankle for disease, points out that at the present day, in dealing with chronic fungous disease of joints, the surgeon prefers those methods of resection which are the best adapted for exposing to close examination the whole of the affected articular cavity. In this way only can complete success be attained in the attempt to remove the whole of the disease. The usual methods of resection of the ankle do not fulfil this indication. In order, as in von Langenbeck's operation by bilateral incisions, to see well into the ankle-joint, it is necessary to remove much of the tibia and fibula; and then indeed the tarsal portion of the joint and the prolongations of the synovial membrane can hardly be seen. These latter parts are, as is well known, often extensively involved both in the primary synovial and in the primary osteal forms of fungous disease, and indeed may be solely affected; the tibia and fibula remaining in a healthy condition. With the object of gaining a free opening into the ankle-joint in operating for the removal of fungous disease, Dr. Vogt has of late performed methodical extirpation of the astragalus. The following are the steps of this operation. A long vertical incision is first made, extending from the lower part of the leg midway between the tibia and fibula, along the dorsum of the foot to a point in front of Chopart's articular line. The subcutaneous connective tissue and fascia having been carefully divided, the tendons of the long extensor muscle of the toes are detached from the parts beneath and drawn outwards. The extensor brevis is then cut, and drawn outwards with the outer margin of the wound. The external malleolar branch of the anterior tibial artery, together with its accompanying veins, is next divided between two ligatures. Then the capsule of the joint is divided in the vertical direction, the ligaments in front of the joint detached and moved to either side, the head and neck of the astragalus being then exposed, and subsequently—after the division of the astragalo-scaphoid ligament—the whole of the anterior and outer part of this bone. A transverse incision is next made from the middle of the first to the tip of the external malleolus, the soft parts being divided down to the astragalus, the perineal tendons behind the fibula remaining intact. The anterior and posterior astragalo-fibular, and the calcaneo-fibular ligaments are now divided close to the malleolus, and next the calcaneo-astragaloid interosseous ligament. By means of lion-forceps applied to the neck of the astragalus, or of an elevator introduced behind this process, the whole of this tarsal bone may be forced outwards. The broad insertion of the lateral ligament to the astragalus having been divided, the bone may be dragged outwards to such an extent that the calcaneo-astragaloid ligament—the sole remaining connection between the two lines—can be readily divided. After extirpation of the astragalus, the whole of the articular cavity of the ankle is exposed, the remaining portion of the synovial membrane can be extirpated, and diseased portions of tibia, fibula, os calcis, and scaphoid, removed by saw or chisel. This method of excising the ankle is considered to have considerable advantages: a free exposure of the interior of the joint may be attained without extensive wounding of the surrounding parts, and it is not necessary to sacrifice any portions of the bones of the leg unless these be diseased.

W. JOHNSON SMITH.

ARTICLE 992.

THE BACILLUS OF TYPHOID FEVER.

THE alleged discovery of the bacillus of typhoid fever made during the year 1881 by Klebs and Eberth, independently one of the other, although at first received with incredulity, has been since confirmed by several observers so far as is possible in the absence of *the crucial test*, viz., the production of the disease by inoculation with the pure and cultivated bacillus, for as yet no disease among the lower animals has been identified with human typhoid.

W. Mayer (*Untersuchungen über die Bacillen der Abdominaltyphus*, Berlin, 1882) demonstrated its presence in the intestinal mucous membrane, the spleen, and the lymphatic glands in eighteen out of twenty-four fatal cases of typhoid; Koch (*Mittheilungen des Reichsgesundheitsamtes*, Band i.) found it in half of the cases examined by him. Klebs met with bacilli or micrococci in twenty-four cases; and Wernich (*Studien und Erfahrungen über den Typhus abdominalis. Zeitschrift für Klin. Med.*, Band iv. und v.) concludes from his own researches, compared with those of others, 'that the essential phenomena of the course of the disease and the most serious symptoms depend primarily on the numbers of the bacilli or on repeated invasions of the digestive organs.' The subsidence of special symptoms on the eleventh to the fifteenth day corresponds with the dying off of the nests of bacilli, after which time, unless there have been a fresh invasion, it is often impossible to prove the presence of the bacilli. According to Eberth (*Die Typhusbacillen und die intestinale Injection* in *Volkmann's Sammlung Klin. Vorträge*, No. 226) the number of the bacilli is greatest about the twelfth day of the disease, after which it steadily declines to the end of the third week; only exceptionally are they found up to the fifth and sixth weeks. Eberth found them always most abundantly in the lymphatic glands of the cœcum. In this part they appeared as masses of micrococci; in others, where they were less densely packed, they could be recognised as short plump rods, with rounded ends, forming in the fluids of the lymphatic glands chains of two or three links. Unlike the bacilli of putrefaction, they displayed in prepared sections a very small power of absorbing aniline colours.

In twenty-four other cases of suppurative processes in the intestine, not of a typhoid character, among which were twelve of tubercle, only once could the existence of such bacilli be detected. Eberth believes that the mucous membrane of the intestine is the regular path of access of the typhoid bacillus into the human body, 'whence the fungus makes its way to the mesenteric glands, and passes from them into the circulation, to accumulate finally in the spleen.' Edward F. Willoughby, M.B.

Article 993.

DAVILLER ON AN EPIDEMIC OF TYPHOID FEVER.

In a pamphlet, written in the end of January 1883, Dr. A. Daviller, consulting physician at Eaux de Plombières, gives an outline of an epidemic of typhoid fever which began in October last in the village of Ruaux, and was still present at the time of writing. Ruaux is a village about two-and-a-half miles north-west of Plombières, situated on a plateau 1,575 feet high, very healthy, not subject to epidemics, and with a population of 1,200, in comfortable circumstances, famed for their health and beauty. Into this village, in the course of June 1882, a young girl returned from Paris, where she had been as chambermaid, on account of an illness, from which she was recovering, but which had undoubtedly been typhoid fever. A family in the village visited this patient, and in July Dr. Daviller was called in to attend the father and mother. Their attack was not severe, and by the end of the third week they were convalescent. For some time no more cases appeared, until, on Sept. 5, the doctor was called to see a boy, aged 13, with unmistakable symptoms of commencing typhoid fever, and, by the end of the second week, the case was well-marked. An unmarried woman, aged 40, who had visited the boy, was the next to be attacked; medical aid was not sought until three weeks after she was first taken ill, and she died the next day. Within the next week there were five fresh cases in the village, one occurring in the same house as the boy above mentioned, and the others in houses either opposite or close by, and all beginning nearly on the same day. All the attacks were more or less serious, and almost directly fresh cases broke out in the house of the mayor, whose son had visited one of these five cases. Four days after the son was taken ill, his mother sickened, and both died, the lad after thirty-five, and the mother after thirty-eight days' illness. Hardly were they buried, when a forester, who was a visitor during their illness, was also struck down, and died in twenty-eight days. This centre of disease caused the most serious cases, and the highest percentage of deaths. During the first half of December, there were 6 fresh cases in the village, and 4 in the surrounding hamlets, 2 of whom had died; a man, aged 53, from a relapse in the fourth week, and a girl of 15, also in the fourth week. The man communicated the fever to his wife, and the girl to her mother; both of whom, however, recovered. Two independent centres of infection were present outside the village. One was a house about 200 yards to the east, whither a girl returned from Paris in July, recovering from a severe attack of fever, and spread the disease to three sisters, a brother, and her mother. The other centre was a wretched hovel at the northern end of the village, cut off from all the other houses, and consisting of one room, where a father, mother, and eight children lived and slept. They were known to have had no communication with the other patients in the village, but the anti-hygienic condition of their dwelling was sufficient to account for the origin of the illness. The father was in a state of collapse at the time of writing, but none of the others had then contracted the disease. Only two patients were under treatment when the pamphlet was written, but Dr. Daviller did not feel sure that fresh cases might not break out again. He had attended thirty-two cases, of whom nine had died, between Oct. 15 and Jan. 28. He gives a list of those thirty-two, but, as it is not arranged according to the order of attack, it is interesting chiefly as showing how all ages, both sexes, and every condition of life were attacked indiscriminately.

In answering the various questions put by the authorities, Dr. Daviller reports that no cases of typhoid fever were present in the village before; that persons were known to have come into it, not only from a place where it prevailed, but even with the fever on them. The climatic conditions of autumn furthered the propagation and spread of the disease, and the population, being agricultural, were exhausted by the heavy work of the summer, and ready to succumb to the attacks of the poison. The type of the fever was adynamic, and the deaths occurred in those who were most weakly before the attack. Diarrhœa was a constant symptom. The severity of the epidemic is not to be attributed to special virulence of the poison, but to the free intercourse between the sick and the healthy, the season, the stagnation of the dejections round the houses, and the fatigued condition of the people.

The second part of the pamphlet deals with the

prophylaxis of typhoid fever. Dr. Daviller gives a graphic description of the way in which a community at some distance from a medical man acts when a case of fever occurs; how all the neighbours are called in consultation, or come from curiosity; how the midwife and the dealer in spells are called upon for aid; and how at last the medical man is summoned, only to find the patient in the height of the fever. The mention of the danger of infection is then sufficient to create as much solitude as can be desired, but it has come too late, and three-fourths of the population will probably succumb. Dr. Daviller would suggest that a medical man paid by the municipal authorities should be appointed, so that the question of cost might not prevent the poor from sending at once for proper medical aid. When the epidemic is once established, the next important point is the carrying out of instructions and the proper nursing of the sick, which is too often entirely neglected, especially in country places. Dr. Daviller proposes to remedy this by sending to the places where epidemics are rife, or where special nurses are required, old resident attendants in the hospitals of the chief towns, both male and female, who would go from one patient to another, and see that the nursing was done properly.

ALICE KER, M.D.

ARTICLE 994.

CHARCOT ON VERBAL BLINDNESS.

CHARCOT (*Le Prog. Méd.*, No. 23, 1883) relates the following case. M. H. P., aged 35, proprietor of a drapery establishment, had previous good health with the exception of attacks of migraine, which came on every three months, and were not followed by vomiting. His heart was quite sound. The history of his present illness was that he went out to hunt foxes, and seeing an animal lying in the grass shot it sitting. It turned out to be not a fox, but a favourite dog belonging to an intimate friend. This vexed him very much. Later in the day he shot a rabbit, and immediately afterwards fell down paralysed on the right side, and in a few minutes he became unconscious. He was taken home, put to bed, and slept all night. Next day he was completely paralysed on his right side, spoke with hesitation, and used words wrongly. His wife related that he said 'J'ai une main dans le soleil.' He could not name common objects, or his wife. It is impossible to know whether there was any deviation of the mouth and tongue, or whether there was disturbance of sensation. The paralysis gradually disappeared, and there no longer remained any difficulty in speaking, but he sometimes used one word in place of another. He could write very legibly. On Oct. 28, nineteen days after his accident, he wrote a letter about his business; then, thinking he had forgotten something, asked to have his letter again, when he found he *could not read his own writing, although able to write.* His letters written at this time differed from those written previously to his attack in a slight change in the writing, which was more upright and more childish in form, and in some faults of spelling, such as leaving out *s* and *x* at the end of words, and leaving out words altogether. A few months later, these faults had disappeared, and the writing became normal. Fifteen days after the accident, he suffered severe pain in the right ear, which lasted two days, and was followed by constant whistling, which was worse when he was spoken to or was put about. About a fortnight later he tried to play at billiards—he was right-handed, and his right hand grasped the cue with perfect freedom and strength—but he found he could not play on the right side; the field of vision was limited, so that he only saw half of the table, half of the ball, and lost sight of the balls when they entered the right half of the visual field. Some months later when he consulted M. Charcot, there was no paralysis or motor aphasia. He wrote regularly and freely, but he could not read print or manuscript, and there was right hemiopia. There was no analgesia, nor alteration of special sense. The ophthalmoscopic appearances were normal. The hemiopia was limited by a vertical line. Visual acuity was not diminished in the region of actual vision. The perception of colour was unaffected.

There was still some loss of memory of words, such as names of streets he knew formerly, though he had recovered the names of common objects and people about him. He knew these streets, knew the house to which he wished to go; but, as he could not read the names, he was afraid to walk about alone. He could write his own name and address, and even a long letter without notable mistake or omission of words; he said he wrote as if he had his eyes shut, and did not read what he wrote. In fact, he wrote as well with his eyes shut. If he wrote his name and were asked to read it he said: 'I know very well it is my name that I have written, but I cannot read it.' With great effort he could read the name of the hospital when it was written; he traced each of the letters with his forefinger; he also read with the same difficulty 'Rue d'Aboukir,' the address of his friend; so that reading manuscript was not absolutely impossible, only very difficult, and effected by the ideas furnished by the movements of the hand in the act of tracing the same letters. When printed matter was given him, he said he found that more difficult to read, because he could not so easily reproduce the letters with his hand. It took him eight minutes to read a line of print, and three minutes to read the same line in manuscript. He read print better with a pen in his hand, with which to trace the letters. By degrees he got to read more rapidly. To illustrate how he got his notions from the movements of his hands, he was blindfolded and his hand made to trace the words, 'Tours, Paris,' when he at once said, 'Tours, Paris.' He knew all the alphabet but q r s t and x y z; but he wrote words containing these letters with perfect facility. He read worse when he was hungry, better after eating. He recognised figures, saw them perfectly, added and multiplied pretty well, but made mistakes if the multiplication were a little complicated. When he knew the meaning of a word he wrote it much more rapidly than when he did not know it; thus, he wrote 'République' in four or five seconds, and 'pterygoidiens' in four minutes.

This peculiar form of aphasia has been called word-blindness by Kussmaul, who first described it in his monograph on aphasia in 1877, although Gendrin and Trousseau had recorded cases presenting this phenomenon.

The following are the conclusions which have been arrived at from the recent study of this condition. In general it comes on suddenly, with a slight degree of hemiplegia, which has soon disappeared. At first there is often some motor aphasia, which

passes off, leaving sometimes the word-blindness as the only symptom; but in rare cases this symptom may show itself alone from the first without hemiplegia. Hemiopia has been noted in only one other case, that of Westphal. The practice of tracing the characters with the forefinger in order to assist in the operation of reading has been noticed in two cases by Westphal and Skwortzoff. By this means Charcot's patient learnt to read, but Skwortzoff's was paralysed on the right side, and his left hand served him very inefficiently for this purpose. He was tried with raised types, and made a little progress, yet at the end of several months could only read short words.

Post mortem examinations have been made in three cases. Unfortunately, in all there was more or less verbal deafness too. Still, in all the lesion predominated on the inferior parietal lobule, with or without participation of the angular gyrus and the first temporal convolution. The inferior parietal lobule appears, therefore, to be the seat of the lesion in word-blindness, a conclusion which must be accepted with due reservation. But it serves to explain the coincidence of hemiopia; for it has been shown that this may be the result of a cortical lesion, and this has generally been in this situation. Dr. Charcot thinks the absence of hemiopia in the reports of several cases may be in consequence of its being not very marked, and therefore not looked for. In the present case the hemiopia has improved greatly, and proportionately to the amelioration in the word-blindness. At first it was typical hemiopia, such as occurs from a lesion of the optic tract, but now the field of vision is much larger, and the line of demarcation has receded from the axis of vision.

Robert Saundby, M.D.

Article 995.

SEMMOLA ON THE PATHOGENESIS OF ALBUMINURIA.

Semmola, in a recent paper read at the Académie de Médecine (*Le Progrès Méd.*, No. 24, 1883), states that he first, in 1850, pointed out the dependence of albuminuria on the quality of the ingesta, and that the increase after nitrogenous diet led him to adopt the view that the renal disease was secondary, and that the primary departure from health was the failure to utilise the albuminoids in the economy. Later, in 1861, he proved that a healthy kidney could excrete albumen, but that, if prolonged, this led to anatomical changes.

His principal arguments for the hæmatogenous origin of albuminuria are—1, the diminution of the excretion of urea from the commencement of the albuminuria, without its accumulation anywhere; 2, identity of the albumen excreted in Bright's disease with the serum of the blood; this is not the case in the other forms of albuminuria; 3, the bilateral affection of the kidneys; 4, the confusion resulting from the anatomical point of view.

During the last few years, he has become convinced that differences in diffusion power lie at the bottom of this question. He has found—1, that the albuminoids in the blood of Bright's disease diffuse more than the albuminoids of the blood in other forms of albuminuria; 2, that, in early stages of Bright's disease, if the blood be examined before and after the cure, the diffusibility of the albuminoids of the blood augments, diminishes, or stops in relation with the quantity of albumen in the urine; 3, that this physico-molecular constitution of the albuminoids of the blood is produced by more or less considerable default in the functions of the skin. He found that the blood of animals with varnished skins always contained diffusible albuminoids, when the varnishing involved at least one half of their cutaneous surface. In these circumstances, there was albuminuria, and the bile also contained albumen. He has collected a certain number of cases of chronic eczema and psoriasis, which alternated with albuminuria, and were finally cured by prolonged hydrosudopathic treatment. He relates a curious case of seborrhœa, which produced effects like those of varnishing the skin. The patient felt the least breath of air, was always cold, looked very cachectic, and had albuminuria. He was cured perfectly by similar active treatment directed to his skin, and the albuminuria has never reappeared.

Dr. Semmola thinks the causes of the diminished activity of the skin are generally cold and damp. These act insidiously, producing by degrees an increase in the diffusibility of the albuminoids, a diminution in the urea excreted, and finally the forced elimination of albumen by all the depurative channels of the body. The saliva and sweat, as well as the bile, may be shown to contain albumen. This is the explanation of the albuminuria of Bright's disease, as distinguished from other forms having a purely local cause, congestion, inflammation, &c. By injecting egg-albumen under the skin he has been able to produce all the phenomena of nephritis; thus proving that the continuance of this abnormal secretion may bring about inflammatory changes in the kidneys.

Robert Saundby, M.D.

Article 996.

KRUKOVITCH AND SPERANSKY ON THE ACTION OF OZONE AND CHLORINE ON PUTREFACTION.

Dr. T. A. Krukovitch has written an inaugural dissertation on the action of ozone and chlorine on putrefaction. He made his experiments at Professor A. P. Dobroslavin's laboratory. He exposed to the action of ozone and chlorine pieces of calico, of an equal size, impregnated with a foul solution of eggs' whites. The pieces exposed were of three kinds. Some of them were dipped into the putrescent fluid and then immediately suspended in the atmosphere examined; according to the author's nomenclature, they contained 'fresh bacteria.' Other pieces were, after soaking, dried at the ordinary temperature of a room, and only then exposed; this was what he called 'dry bacteria.' Others, again, were soaked, dried, and, immediately before the experimentation, moistened with distillated water: they were 'moistened bacteria' of the author. From his experiments he has drawn the following conclusions.

1. When evolved within a glass receptacle, ozone kills the 'dry' bacteria of putrefaction after its proportion has reached 8 milligrammes to one cubic metre of the air; and it destroys the life of the 'fresh' and 'moistened' bacteria when its proportion amounts to 3 or 5 milligrammes to one cubic metre.

2. When evolved within a zinc chamber or in an ordinary room, it cannot kill the bacteria in any state ('dry,' 'fresh,' or 'moistened') even after its proportion reaching 30 milligrammes to one cubic metre.

3. The action of chlorine gas within a glass receptacle is identical with that within a zinc chamber or in a room.

4. It kills the 'fresh' and 'moistened' bacteria when it is mixed with the air in the proportion of 0·5 or 1·0 gramme to one cubic metre.

5. It does not destroy the 'dry' bacteria, even when the proportion reaches 2 grammes to one cubic metre.

The practical corollaries issuing from the data above are these.

1. Ozone cannot be used for disinfection on any extensive scale (*e.g.* for disinfection of hospitals, houses, barracks, &c.), though it may be employed for disinfecting wearing apparel, bed-linen, &c., provided that the operation is carried out under a glass bell or in a glass chamber.

2. Chlorine gas is very suitable as a disinfectant for apartments of every description. It is necessary, however, before using chlorine for this purpose, to moisten flooring, ceiling, and walls, by means of a common pulverisator. Dr. Krukovitch prepared ozone after the method recommended by Dr. Suprunenko in his inaugural dissertation ('Experimental Researches on Ozone in its Application to Sanitary Purposes,' St. Petersburg, 1880). That is, he took Dr. Suprunenko's compound (consisting of four parts of caustic soda, three of manganese peroxide, and one of nitrate of potassium, all melted together) and poured over it two or three times its weight of concentrated sulphuric acid. The quantity of ozone evolved by the mixture during twenty-four hours is equal to about 1 per cent. of the weight taken. As to the preparation of chlorine, the usual mixture of chloride of natrium, manganese peroxide, and sulphuric acid was used.

Dr. Speransky's article on the Influence of Chlorine on the Bacteria of Putrefaction is also a St. Petersburg inaugural dissertation. His investigations were conducted under the guidance of Professor A. P. Dobroslavin. Chlorine was obtained from chlorinated lime, either by addition of slightly acidulated water (when the action of the gas slowly-evolved was to be tested), or by making a homogeneous paste and mixing it with hydrochloric acid (when the author desired to study the action of the gas rapidly given off). As in Krukovitch's experiments, three sorts of calico or linen pieces impregnated with putrescent particles were used ('dry,' 'fresh,' and 'moistened' bacteria). They were exposed to the action of chlorine gas, either in zinc chambers (125 litres in volume) or in ordinary rooms. Dr. Speransky sums up the results of his observations as follows.

1. Chlorine is very easily obtained from chlorinated lime; no special appliances are required.

2. When slowly evolved, chlorine does not kill either 'fresh' bacteria, nor 'moistened,' nor 'dry,' even after its proportion reaching 3 grammes to one cubic metre. Therefore, to place chlorinated lime in dishes about the wards, &c., means only to waste the material which could be effective if used after a better plan.

3. Chlorine proves fatal to the 'moistened' and 'fresh' bacteria, both within zinc chambers and rooms, when the gas is rapidly evolved, and where its proportion reaches 0·5 or 1·0 gramme to one cubic metre.

4. Chlorine may sometimes destroy the 'dry' bacteria, also, when it is mixed with the air in the proportion of not less than 1 gramme to 1 cubic metre; but the conditions under which it does so remain as yet undetermined. V. IDELSON, M.D.

ARTICLE 997.

ARCHANGELSKY ON THE ANTHRAX CONTAGION.

DR. A. ARCHANGELSKY, who has worked at Professor E. Semmer's laboratory in Dorpat, has undertaken experiments mainly to throw some light on the development and multiplication of the anthrax micro-organisms from the very moment of their entrance into the system (*Vratch*, 1883, No. 16). Though the pathogenic nature of the bacillus of anthrax was well established by a long list of workers (Pollender, Brauell, Siedamgrotzky, Joubert, Davaine, Bollinger, E. Semmer, Koch, Feser, Pasteur, Buchner, Greenfield, &c.), still, of the positive data referring to the author's question, there was known only the fact of bacilli being detected shortly (two to ten hours) before the patient's death (Brauell, Spilman, E. Semmer, Koch and Feser, &c.) On the other hand, literature contains many reports on undoubted cases of anthrax, in which no bacilli were found at any time. Dr. Archangelsky thinks he has succeeded in finding an explanation for such a previously unaccountable condition of things. He inoculated mice and rabbits, and on the very first symptoms of infection (rise of temperature) examined microscopically arterial blood taken from the animal's ear. In all cases, without a single exception, he found minute, round, shining, highly refracting, motionless bodies, the size of which was nearly equal to that of common micrococci. Cultivation of the blood in neutralised chicken-broth and on a potato invariably gave rise to the development of bacilli, inoculation of which as constantly produced typical anthrax in animals. All the animals from which the specimens of blood had been taken died, also, from splenic fever, with rods in the blood, spleen, and other organs. In all but one case, the spherical bodies were found in the blood about twenty or thirty hours before the animal's death. In one case they were present as early as two days before the lethal issue. From this series of experiments, the author concludes that the spherical bodies are spores which present the original stage of virus, and from which the bacilli are developed only later and nearer to the end of the disease.

This conclusion evidently implies the supposition that the spores originally must multiply quite independently. To prove this, the author has carried out another series of cultivation-experiments. Having taken a specimen of the blood containing spores, he simultaneously infected (1) sterilised chicken-broth hermetically isolated from the air, and (2) that non-isolated from the access of oxygen. Whilst rods and chains freely grew in the vessels unprotected from contact with the air, the other group of cultures invariably developed only spores. Thus experimenting, the author was able to cultivate three generations of spores. The spores of the third generation, being brought into contact with oxygen, gave rise to the rod-shaped bacteria. Inoculation of products obtained from planting the bacteria on a potato, caused in animals death from anthrax. From this second group of his observations, Dr Archangelsky deduces (1) that the spores actually are able to multiply independently; (2) that they do multiply when they are isolated from the air; in other words,

that they are anaërobiotic, whilst rods and chains of the bacillus of anthrax are aërobiotic. According to the author's general conclusion, aërobiotic bacilli present only a præmortal, or even in some cases postmortal phenomenon; they are developed somewhere about the end of the disease, from the anaërobiotic spores, which have previously multiplied by process of division and caused all the initial (and essential) mechanical and nutritive disturbances in the animal's system. Death may follow already during the first period of the disease, that is, when the spores have not yet succeeded in undergoing transformation into the adult bacterial form. The more acutely the disease runs its course—that is, the more rapidly the moment of infection is followed by death—the more probably only spores will be found on *post mortem* microscopical examination. And here Dr. Archangelsky seeks and finds an explanation of the cases of anthrax which gave negative results as to the bacillus; only spores might be present, and, being minute, they might easily escape detection. V. Idelson, M.D.

Article 998.

PEDRONO ON COLOUR-HEARING.

M. Pedrono, assistant at the ophthalmological clinic at Nantes records (*Journal de Médecine de l'Ouest*, Tome xvi., 1882, p. 294, *et seq.*) a case of this interesting condition which he accidentally discovered in this wise. His attention having been drawn to the subject by the perusal of the article on colour-hearing in the London Medical Record for Dec. 1881, he was speaking of the subject to some friends, when one of them informed him privately that Mr. L., a mutual friend, was possessed of the power of colour-hearing. The observations, based on an examination of this gentleman's case, are given in detail by the author; and the subject is one of so much novelty and interest that a brief account of the main facts observed may be given here. The author answers two objections which he has been met with—viz., 1, that colour-hearing is a pathological state; and, 2, doubts as to the patient's veracity, by showing, in the first place, that the patient's eyes were normal, there being no dyschromatopsia, and the ophthalmoscope showing no abnormality, and, in the second place, by giving in the patient's own words an account of the mode in which he (the patient) first became acquainted with this anomaly.

Since infancy, according to Mr. L., whenever a distinct sound struck his ear, especially the human voice, he experienced at the same moment, without any reflection, a certain colour. The association must have been spontaneous, as he (Mr. L.) had never read nor heard of anything of the kind; in fact, it appeared to him so natural that he thought all the world ought to have a similar sensation. He would as soon have thought of asking his neighbour whether he saw gold yellow or scarlet red, as of questioning him about colour-hearing, so natural did it appear to him. Accidentally he happened to mention the subject to some friends, but thereby so excited their mirth that ever since he had been silent on the subject, until questioned by the author. In Mr. L. every musical note produces a coloured sensation; the highest ones being accompanied by brilliant tints, the lower by dark colours. The three notes of a perfect chord produce a single colour. The key appears to have no influence on the production of the chromatic sensation. The same piece of music performed by different instruments presents different colours; so that *timbre* appears in this case to have a direct influence on the production of colour. Increased intensity of a sound has simply the effect of accentuating the colour. When the sound is weak, the colour appears subjected to oscillations; whereas, when the sound becomes clear and sharp, the colour assumes an uniform and clearly defined character. All noise produces a colour-sensation, but the colours thus produced are dull, usually grey or brown. In speaking, the consonants produce a colour-sensation which is hardly perceptible; the vowels only are coloured. *I* and *E* give the most brilliant colours, *U* the darkest, and *A* and *O* intermediate tints. Any sentence might thus be represented by a coloured band corresponding to the general colour of the voice, and presenting according to the different vowels variations in intensity of hue. This band would be intersected at numerous points by dark lines corresponding to the consonants. When a chorus is heard, a crowd of colours shines like little points above the singers. Careful observations have shown Mr. L. voices which are yellow, red, green, or blue; the latter being by far the most common, and the green voices the rarest. The most agreeable voices usually produce a yellow impression. As there are no two voices identical, so they do not any of them give rise to identical colours. It therefore appears that every voice and every musical instrument are characterised by a certain colour, of which the quality only is modified by the height and intensity of the sound emitted. Contrary to the argument, that it is by means of the optical apparatus that the colour-image is projected outwards (*vide* London Medical Record, *ibid.*), the author argues, with some show of reason, that, if the colour-image were projected outwards by the eye, it would be in the axis of the rods or cones, as in the normal state; but the observations in this case show that the colour-image is perceived above the source of the sound alike, whether the observer directs his eyes towards the sounding body or away in another direction. Mr. L. considers that in his case the colours are the product of an hallucination confined to the auditory field. Moreover, the colour-impression is quite independent of the eyes, for it is perceived equally well when the eyes are closed. He says that sometimes, on hearing a chorus of voices with the head averted, the impression of numerous colour-images above the singers is so vivid that he is led to turn his eyes in that direction, and is disappointed at not seeing the colours.

Passing in review the different explanations of this phenomenon, which have been offered, the author inclines to the theory of irradiation. He argues in the first place that the production of the sensation of colour by sonorous vibrations, without any excitation whatever of the visual organ, proves beyond a doubt the existence of a cerebral centre for colour-vision. When an impression produced by the vibration of air reaches the auditory centre through the auditory nerve, it may produce an excitation sufficiently intense to irradiate to the neighbouring colour-centre. The author therefore assumes that there are two cerebral sensorial centres situated somewhere in the grey matter, and if, in order to explain the phenomenon of colour-hearing, we admit the theory of irradiation or of associated sensations, it follows that the cerebral centres for colour and

hearing are necessarily close together. The author suggests the following hypothesis in regard to the perception of colours. The perception of colours being a central phenomenon, there are in the central elements three, or rather four varieties, of cells capable of perceiving the fundamental colours. The excitation of one or more cerebral cells would therefore give rise to simple or compound colour-sensations. E. CRESSWELL BABER, M.B.

ARTICLE 999.

QUÉNU ON THE PATHOGENY OF VARICOSE ULCERS.

DR. QUÉNU has, in an interesting memoir published in the *Revue de Chirurgie*, determined the influence hitherto little known of disturbance of nerves in the pathogeny of varicose ulcers. M. Ferrier, and M. Séjournet, one of his pupils, have alike previously studied this aspect of the question. The lesions of varicose ulcers are in many respects analogous to trophic disturbance due to nerve-change. The way in which they begin is a proof. Patients and surgeons often assign a direct cause, such as a slight injury, the rupture of a varicose vein, a slight excoriation which, on a varicose and œdematous leg, is sufficient to give rise to an ulcer. Sometimes, without any appreciable cause the epidermis is raised, and presents the appearance of a small blister filled with a thick fluid; this bursts, and a small red scab is seen which is thrown off, leaving an ulcerated surface. Very often the loss of substance in the skin is presented by modifications of condition, slowly effected; the integuments change colour, and present a rough mucous surface just where later on ulceration will appear; the epidermis becomes pigmented; red spots are observed, which itch intensely; frequently an eruption of chronic eczema appears.

M. Verneuil has especially dwelt on the itching which precedes ulceration, also on the different eruptions, and has drawn attention to the excessive secretion of sweat. M. Ferrier has observed that thermic sensibility is disturbed before the ulcer appears. Later on the epidermis round the ulcer thickens, the nails grow inwards and out of shape, the whole limb is discoloured and its hairs grow unusually long (Follin).

There is a striking analogy between this process and the trophic disturbance due to nerve-lesions. Abnormal pigmentation, modification of hair and nails, desquamation of epidermis, pemphigoid eruptions, erythema, slow scabbing—all these lesions are combined and bear the impress of a nervous etiology—modified sensibility. Moreover, the persistence of œdema is owing to some neurotic influence. M. Rouvier (in 1867) and M. Vulpian demonstrated that generally simple ligature of a vein does not produce œdema; when section of the nerve is also made infiltration immediately follows.

In six cases taken at random and very carefully studied, Dr. Quénu observed besides the well-known modifications in the veins, chronic interstitial neuritis, generally perifascicular of the saphenous, tibial, and sciatic nerves. The lesion apparently begins by a slight increase in the size of the nerve, accompanied by a slight dilatation of its venules. Connective tissue then forms around these dilated veins, and spreads between the primary bundles of connective tissue, slightly separating them. The entire nerve may treble its original size; the internal saphenous nerve may become almost as large as the sciatic. The interstitial neuritis appears to be ordinarily limited to the tissue around the fasciculi of the nerve.

At a more advanced stage the primary fasciculus itself becomes sclerotic. The lamellar sheath is transformed into fibrous tissue; vascular lacunæ appear in its substance. Soon fibrous trabeculæ, resembling wheat-sheaves in form, enter the nerve-bundle and disintegrate it. The trabeculæ always penetrate along the track of the vessels. Later on the nerve-tubes rarefy and appear to atrophy; nevertheless M. Quénu has never succeeded in detecting parenchymatous neuritis. M. Quénu observed that endo-arteritis was frequent, also that the skin presented a varicose condition, and all its elements underwent some change: the muscles were attacked by chronic interstitial myositis, accompanied by fatty infiltration and fatty granular degeneration of the primitive fascicule.

The pathological anatomy of these lesions leads to the conclusion that they are independent phenomena, and exist prior to the ulcers. Probably in a certain number of cases the inflammation of the nerve results from the dangerous contiguity of unhealthy veins, and these modifications develop slowly. Some patients may possibly escape them, other conditions being necessary to produce them.

M. Quénu has carefully guarded against exaggerating the influence of the nervous system, and has only sought to prove that modification of the nerves is an important factor in the pathogeny of these ulcers, which derive their local aspect, and it may even be said their local colour, from the venous circulation.

ARTICLE 1000.

VULPIAN ON SALICYLIC ACID.

M. VULPIAN, at a recent meeting of the Academy of Medicine (*Revue de Thérap. Medico-Chirurg.*), communicated the results of a prolonged clinical study of the effects of salicylic acid. He has been led to conclude that it lowers the temperature more rapidly and with less danger than any known drug. Phenic acid and phenols have the same effect, but their use is attended by drawbacks salicylic acid does not present.

M. Vulpian has observed that 4, 5, or 6 grammes of salicylic acid administered daily lower the temperature in twenty-four, forty-eight, or seventy-two hours by 2° or 3° Cent. (3·6 or 5·4 Fahr.), but 2 grammes are insufficient. He also states that he has frequently reduced the evening below the morning temperature by administering salicylic acid, whereas sulphate of quinine in doses of 1½, 2, and even 2½ grammes (22, 30, and 38 grains) has failed. M. Vulpian concludes from his observations that salicylic acid is a much more potent antithermic agent in enteric fever than sulphate of quinine.

M. G. Sée has said that salicylic acid has not the same effect on the pulse as sulphate of quinine, and that a high temperature in typhoid fever is not so significant as a frequent pulse. Salicylic acid may be a more powerful antithermic agent, but has less action on the heart. M. Vulpian acknowledges that sulphate of quinine has a more powerful action on the heart than salicylic acid, but doubts whether the

same may be said of its action on dicrotism. In common with many other medical men, he considers that increased temperature is the most reliable indication of fever, and believes that salicylic acid is an antithermic acid because it is an antipyretic agent; its 'action' checks the pathological process which produces fever. Salicylic acid is a more potent antipyretic agent than sodium salicylate.

Salicylic acid not only lowers the temperature in enteric fever, but improves the general condition. Sleepless patients, who are either excitable or in a state of stupor, become much calmer after taking a dose of salicylic acid. M. Vulpian has had patients who asked for food the next morning. The use of salicylic acid has been objected to by some medical men because it is a poison. M. Vulpian reminds them that all drugs having a definite action are to some extent poisonous. The condition of the liver and kidneys is also considered by some medical men as an indication that salicylic should not be given. M. Vulpian does not believe that it acts vigorously on the kidneys. He has never observed it arrest albuminuria in enteric fever; when this increases it disappears rapidly, although treatment by salicylic acid is continued. In severe bronchitis with delirium, according to M. Vulpian, salicylic acid may increase dyspnœa; but the dyspnœa disappears if the use of the salicylic acid be discontinued for a few days. He does not admit that its use is dangerous in cases of hæmorrhage.

M. Vulpian terminates his communication by giving statistics from his own practice, bearing strong evidence in favour of the use of salicylic acid; but he observes that too much importance should not be given to statistics. Although this discussion shows clearly that a remedy for enteric fever is not yet arrived at, there is not any reason to be discouraged. It has been said, and is repeated almost as an axiom, that there are not diseases, only diseased persons. This view is erroneous. All specific diseases—ague, &c.—present almost the same characters in all cases. Enteric fever, like intermittent fever, is a specific affection; and ague, whatever form it presents, is always treated by a specific unvarying method.

Enteric fever, according to M. Vulpian, is due to the toxic effect of a specific pyretogenic agent; and he confidently hopes that a specific treatment will be arrived at that will either kill the typhogenic agent (*agent typhogène*), or render the human organism impervious to its influence by evolving a process resembling that of vaccination.

Article 1001.

SAYRE ON FRACTURE OF THE CLAVICLE IN ITS OUTER THIRD.

A lecture on this subject was delivered by Professor Lewis A. Sayre, at Bellevue Medical College, and reported in the *Med. and Surg. Rep.*, of Philadelphia. He said:-

Gentlemen,—I here present to you a case which is of considerable interest, although it hardly comes under the Chair of Orthopædic Surgery, unless considered as a prevention of deformity.

This young man informs me that a few days ago he fell from a waggon, striking upon his shoulder, which has resulted in a fracture at the outer third of the clavicle. You note how my finger drops into the depression at this point, and how extensive the discoloration of the tissues. Now in these cases the shoulder drops downward, forward and inward, the pectoralis major drawing it downward and forward, while the sterno-mastoid, drawing the sternal end of the clavicle upwards, results in the deformity you see here. I suppose there have been more instruments devised for treating fracture of this little bone than all the instruments for other fractures put together. I cannot take time to enumerate them, but two or three years ago Dr. Frank Hamilton occupied three consecutive lectures in applying these various methods (before the class) upon patients admitted into the hospital for fracture of the clavicle, and then concluded his exhibition by informing the class that all these methods were of no avail, and he would not advise their use, but stated that the patient should be placed in bed, with a pillow between the shoulders so as to bring them well back, the patient to remain perfectly quiet; this treatment he considered all that was necessary, and termed it postural treatment.

If a man can lie absolutely still for six weeks union might be effected in this manner; but the deltoid muscles and the muscles of the shoulders would probably move and prevent union of the bone.

My plan of treatment is simply this. I take two strips of adhesive plaster 2½ inches wide, then, passing one strip of adhesive plaster around the arm at the junction of the lower and middle third, I make a loop, leaving an open space at the posterior part of the arm, as you see: this prevents strangulation.

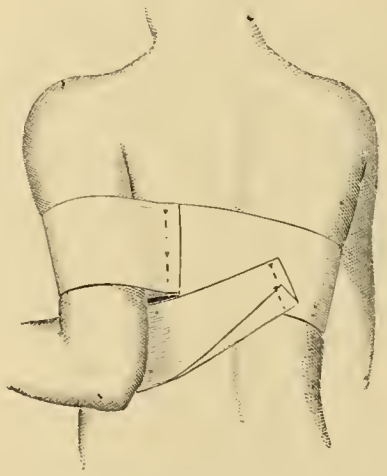

Fig. 1.

Then drawing the arm back, I bring the pectoralis major upon the stretch, but the acromial end of the clavicle still rides under the sternal fragment; I now secure the arm back by passing the strip of adhesive plaster around the body, bringing it under the arm of the opposite side, across the thorax, and fasten it to itself on the back. (See Fig. 1.)

Care must be taken not to draw the arm too far back, but just sufficient to put the pectoralis major upon the stretch. I now take this other strip of adhesive plaster, and make a slight longitudinal cut in the centre to admit the point of the elbow; you now flex the arm at an acute angle over the chest, drawing it upward, forward, and inward, and in this manner you reduce your fracture, as you see that I have done in this case. (See Fig. 2.) Bringing both fragments of the bone into a perfect line, you now

secure the arm in this position by passing the strip of adhesive plaster over the elbow across the back

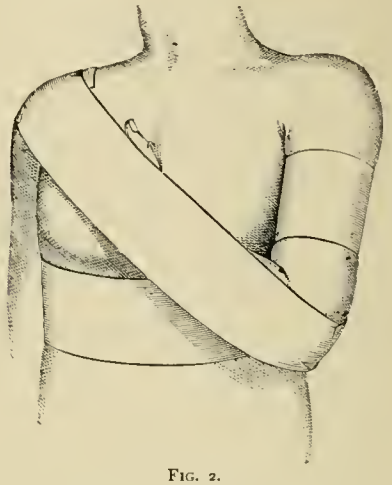

FIG. 2.

diagonally to the opposite shoulder, then bring the anterior end of the strip up along the hand and arm over the chest, and fasten it to itself at the shoulder. (See Fig. 3.)

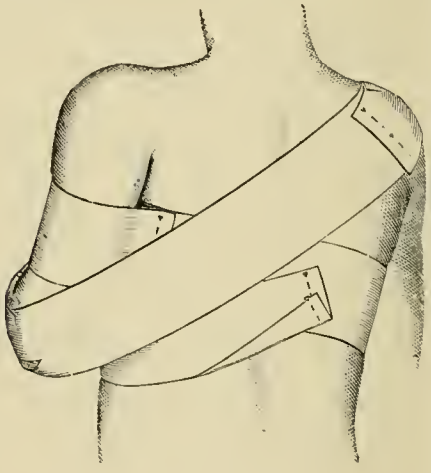

FIG. 3.

I desire you to note this carefully, as it is the most simple method of treating the fracture of the clavicle that I have ever seen, and is the only plan of treatment which will yield a perfect result without deformity.

One advantage of this plan of treatment is this; it is absolutely impossible to dress a fracture of the clavicle in a child with any complex bandage satisfactorily, whereas in this your bandage is perfectly secure, and there is no possibility of its becoming displaced. Never use an axillary pad, as the pressure by this means often stops the circulation of the arm, and the pain following this occurrence is something terrible.

It is impossible now to displace those fragments as I have dressed this man's injury, and he can go to work with his other hand. If you were to dress that fracture in such a manner as to render that man unable to use his other hand to earn his living, you ought to be compelled to pay for the loss of time which would follow such treatment. I have treated numbers of fractures in this manner with the most perfect results, and I defy anyone to detect the point of fracture when cured; I say that a fractured clavicle can be cured without deformity. Excuse me for my warmth upon this subject, but I have been censured so recently by our own surgeons upon this point that I feel compelled to reiterate my statement somewhat forcibly, and will demonstrate the fact before you in the case now before us, as I intend that you shall see this man when he is cured.

[The following week the man appeared before the class; the bandage was found to be in the same condition as when applied, the fracture was immovable, and the line of the clavicle perfect. Two weeks later the bandage was removed, perfect union having been secured; nor was there any deformity perceptible, the fragments having united in a perfect line.]

SURGERY.

RECENT PAPERS.

1002. HOMANS.—Two Cases of Removal of Immense Fatty Tumours by Abdominal Section. (*Lancet*, March, p. 449.)

1003. CHISHOLM.—Six Cases of Dislocation of the Arteries reduced by Kocher's Method. (*Lancet*, April, p. 635.)

1004. JONES.—Rupture of the Sac of a Large Femoral Hernia. (*Lancet*, April, p. 754.)

1005. BRITO.—The Treatment of Dog-bite in the East. (*Lancet*, April, p. 724.)

1006. FOX.—A Case Twenty Years Subsequent to Disarticulation of the Hip. (*Lancet*, April, p. 724.)

1007. WARREN.—Two Cases of Traumatic Aneurism Treated by the Method of Antyllus. (*Lancet*, April, p. 721.)

1008. STEVENSON.—Case of Traumatic Gangrene of the Penis and Scrotum. (*Lancet*, April, p. 682.)

1009. ROBSON.—A New Operation for Spina Bifida. (*Brit. Med. Jour.*, March, p. 558.)

1010. ATKIN.—Spinal Bones, Paraplegia, Trephining, Relief of Symptoms of Pressure. (*Brit. Med. Jour.*, April, p. 812.)

1011. THOROWGOOD.—Colloid Cancer. (*Brit. Med. Jour.*, Feb., p. 255.)

1012. WILLETT.—Rapid Recurrence of Epithelioma: Pain controlled by Gelsemium. (*Ibid.*, April, p. 767.)

1013. GORDON.—Aneurism of the Popliteal Arteries. (*Ibid.*, April, p. 661.)

1014. O'CONNOR.—A New Treatment for Paraphimosis. (*Brit. Med. Jour.*, Jan., p. 10.)

1015. GABB.—Epistaxis with Hæmorrhage through the Lachrymal Duct. (*Brit. Med. Jour.*, April, p. 715.)

1016. LE FORT.—Laparotomy.

1017. LAUENSTEIN.—Phlegmon of the Penis. (*Centralbl. für Chir.*, No. 17, 1883.)

1018. FOWLER.—Naphthalin in the Treatment of Wounds. (*Annals of Anat. and Surgery*, May 1883.)

1019. RYDYGIER.—Gastro-Enterostomy. (*Centralbl. für Chir.*, No. 16, 1883.)

1020. SCHÖNBORN.—Removal of a Mass of Hair from the Stomach. (*Wien. Med. Blätter.*)

1021. LANGENBUCH.—Removal of the Gall-Bladder. (*Wien. Med. Blätter*, May 31.)

1022. KÜSTER.—The Removal of Cancer of the Breast. (*Deutsche Med. Wochensch.*, April 25.)

1023. GUSSENBAUER.—Avulsion of the Scalp by Machinery. (*Wiener Med. Blätter*, April 5.)

1024. WULFF.—A Case of Progressive Osteomalacia. (*St. Petersburg. Med. Wochensch.*, 1882.)

1025. Galilea, E.—Hepatitis of the Concave Surface of the Liver, terminating in Suppuration: the Abscess opening externally: Cure. (*El Siglo Medico*, and *Rev. de Med. y Cirurg. Pract.*, Feb. 7, 1883.)

1026. Saez, C.—Elephantiasis of the Scrotum. (*La Prensa Med.* and *Revista de Med. y Cirurg.*, May 22.)

Art. 1002. *Homans on Two Cases of Removal of very large Fatty Tumours by Abdominal Section.*—Dr. Homans of Boston (*Lancet*, March 1883, p. 449) reports two cases of removal of fatty tumours from within the abdominal cavity. One case was in a man aged 39, who had been growing larger in the abdomen for about three years, and on examination measured 43 inches round the umbilicus. After much consideration, it was decided to attempt to remove the tumour, and several medical men were present at the operation. Two enormous tumours, weighing together over 50 lbs., were removed, and still more growths were seen, but no attempt was made to remove them. The patient died a few hours after the operation. The second case was that of a lady aged 60, who requested an operation on account of a large tumour of the abdomen. After some delay the operation was decided upon; a tumour weighing 35 lbs. was removed, having the character of a pure lipoma. The patient did not survive the operation many minutes.

1003. *Chisholm on Six Cases of Dislocation of the Humerus Reduced by Kocher's Method.*—Mr. W. Chisholm, in the *Lancet*, April 1883, p. 635, gives the notes of six cases of dislocation of the humerus (five subcoracoid, one subglenoid), all reduced by means of Kocher's method, which was described at the meeting of the International Congress in London. Referring only to the subcoracoid form of dislocation, M. Kocher directs that for its reduction the surgeon should sit on the left of the patient, then the elbow-joint is to be flexed at a right angle, and the joint firmly pressed against the side of the chest; next, while the elbow is held in contact with the body, the arm is to be slowly, gently, and steadily rotated out until firm resistance is encountered; then, while this rotation is maintained, the arm is to be raised forwards, and a little inwards; lastly, it is to be rotated inwards, and the hand brought towards the opposite shoulder.

1004. *Jones on Rupture of the Sac of a Large Femoral Hernia.*—Mr. Jones, in the *Lancet*, April 1883, p. 754, relates a case of a woman, aged 35, who had a femoral hernia of many years' standing, and which had lately become so large as to be pendulous. One day she ran quickly to one of her children, and took him up in her arms, then sat down hurriedly on a low stool. In the act of doing this the tumour slipped between her thighs, and she sat heavily upon it, causing the parietes of the tumour to give way, and a great mass of the intestines protruded. After the collapse had passed off the patient was put to bed, the intestines were returned into the abdomen, the wound stitched up, an opiate given, and the patient's friends were told that she would soon die. Strange to say, however, the woman recovered, and in three weeks was doing her ordinary work again. At page 585 a somewhat similar case is reported by Mr. Bernard Pitt.

1005. *Brito on the Treatment of Dog-bites in the East.*—Mr. Brito, in the *Lancet*, April 1883, p. 724, mentions that in Ceylon there is an old custom of chastising vigorously a dog-bite with a sandal. This causes profuse bleeding of the wound, and helps to remove some of the virus. Meanwhile some leaves of the 'drumstick tree' are beaten up with a little caustic-lime and applied to the wound, which is then bandaged.

1006. *Fox on a Case Twenty Years Subsequent to Disarticulation of Hip.*—Dr. Fox, in the *Lancet*, April 1883, p. 724, notes a case of a lad who was brought to Greenock Hospital twenty-two years ago, having sustained a severe injury to his thigh from a circular saw, so that it was necessary to perform disarticulation at the hip-joint. The subsequent history of the case is peculiar. After the operation the patient never had a bad symptom, and within three months was walking in the street; and now, after a period of more than twenty years, his spine is as straight and level as if no operation of the kind had been performed.

1007. *Warren on Two Cases of Traumatic Aneurism Treated by the Method of Antyllus.*—Dr. Warren, in the *Lancet*, April 1883, p. 721, publishes two cases, one of a man, aged 25, who had an aneurism of the femoral artery in the middle third of the thigh; the other, a man, aged 33, who suffered from a popliteal aneurism. In both cases Mr. Warren cut down to the aneurism and ligatured the artery and vein above and below the enlargement; the first case recovered, but the second died from hæmorrhage from the proximal end of the vessel about fourteen days after the operation, probably due to septic inflammation of the artery. The successful case was treated by antiseptics, and consequently did not run such risk of septic inflammation.

1008. *Stevenson on a Case of Traumatic Gangrene of the Penis and Scrotum.*—Surgeon-Major Stevenson, in the *Lancet*, 1883, p. 682, reports the case of a man, aged 43, who was admitted with great swelling and ecchymosis of the penis and scrotum, but not extending into the perinæum, caused, he said, from a strain whilst attempting to support a tent-pole (weighing 30 lbs.) which was falling on him. The patient said he received no blow at all, but others asserted that the tent-pole fell between the man's legs. The patient died about fifty hours after the accident, and on *post mortem* examination nothing was found abnormal in the state of the bladder or urethra, except towards the outer end, where there was slight ecchymosis. The cellular tissue, however, of the penis and scrotum was infiltrated with serum; the body of the penis was distended with dark blood, and the whole mischief seemed probably due to rupture of some of the vessels in the corpora cavernosa, resulting in such distension as to produce gangrene of the penis.

1009. *Robson on a New Operation for Spina Bifida.*—Mr. A. M. Robson, in the *Brit. Med. Jour.*, March 1883, p. 558, describes a case of a child in whom he performed an operation for spina bifida, when it was only six days old. The infant was fully anæsthetised, and a vertical incision made on each side of the tumour; the integuments were carefully dissected from the meninges until the laminæ of the vertebræ were reached. The redundant membranes were cut away after letting out the fluid, and then several sutures were applied to the serous surfaces of the arachnoid, so as to completely shut off the spinal canal. In the meantime, Mr. Mayo (under the antiseptic spray) had dissected the periosteum from the femur and frontal bone of a rabbit. This periosteum was now placed, with its osteogenic layer undermost, over the closed meninges, and carefully sutured to the periosteum of the laminæ on each

side, and to the bony margins above and below. After this the skin was sutured, a layer of protective applied, and a pad of salicylic wool placed over the wound. The whole operation was performed under the eucalyptus air, and the patient made a good recovery, but there was no evidence of new bone having formed over the gap

1010. *Atkin on Spinal Caries: Paraplegia: Trephining: Relief of Symptoms of Pressure.*—Mr. C. Atkin, in the *Brit. Med. Jour.*, April 1883, p. 812, reports a case of a lad, aged 12, who was admitted into the Sheffield General Infirmary suffering from paraplegia. About three months after admission, the patient's state had become very deplorable; the legs were helpless and extremely wasted, they were drawn up in a state of tonic contraction; sensibility was diminished, the feet being blue and cold. About this time a prominence of the spine was detected in the lower dorsal region, and Mr. Jackson decided to explore the spinal canal in order to try if he could relieve pressure on the cord. The operation was performed antiseptically; the laminæ and spinous process of the ninth dorsal vertebræ were removed. A week after the operation, the patient was able for the first time, since admission, to micturate properly; he recovered control over his sphincters, the painful tonic spasms in the legs disappeared, and sensibility was much improved.

1011. *Thorowgood on Colloid Cancer.*—In the *Brit. Med. Jour.*, Feb. 1883, p. 255, a short account appears of a case exhibited by Dr. Thorowgood at the West London Medico-Chirurgical Society, which was diagnosed by him as colloid cancer. A short discussion ensued, in which several members gave instances of their experience of abdominal cancers. The absence of pain and of ascites in the case exhibited, led some to say there was more evidence of cirrhosis than of cancer; others remarked that they did not regard the comparative absence of pain as weighing much against the symptoms of cancer in the case.

1012. *Willett on Rapid Recurrence of Epithelioma; Pain Controlled by Gelsemium.*—In the *Brit. Med. Jour.*, April 1883, p. 767, reference is made to a case published in the journal for February 3, 1883, p. 206, of a man suffering from epithelioma of the cheek. On Feb. 13, 1883, Mr. Willett removed the growth, and for a time the patient improved, but after an interval of four or five weeks it recurred with great rapidity, so that no further operation could be performed. The patient suffered severe pain, owing to the inferior dental nerve being involved. Tincture of gelsemium, given in doses of twenty minims at short intervals, controlled the pain in a marked manner. Three doses were generally sufficient.

1013. *Gordon on Aneurism of both Popliteal Arteries.*—Dr. S. Gordon, in the *Brit. Med. Jour.*, April 1883, p. 661, gives a case of aneurism of both popliteal arteries, which was cured by ligature of the femoral arteries. The case was one which was treated at the Richmond Hospital in Dublin in 1817. The patient, aged 29, applied to the late Mr. Todd for relief from an aneurism in the left popliteal space. Mr. Todd tied the femoral artery, and the patient returned to his work. Three years later, a similar swelling appeared in the right popliteal space, and Mr. Todd ligatured the right femoral artery. The patient enjoyed good health for thirteen years, but died at the age of 45 from malignant disease of the stomach. The arteries were carefully dissected out after death, and the preparation is now preserved in the museum of the Richmond Hospital.

1014. *O'Connor on a New Treatment for Paraphimosis.*—Dr. M. O'Connor, in the *Brit. Med. Jour.*, January 1883, p. 10, mentions a way, which to him is novel, for reducing paraphimosis. He winds ordinary twine firmly and closely from before backwards around the constricted portion of the penis, thus driving the exudation backwards until the stricture is reached. On unwinding the twine the prepuce comes forward without difficulty, and the proceeding is attended with very little pain. [Several observers have written in subsequent numbers to say that Dr. O'Connor's plan has been practised for many years. —*Rep.*]

1015. *Gabb on Epistaxis: Hæmorrhage through the Lacrymal Duct.*—Mr. D. H. Gabb, in the *Brit. Med. Jour.*, April 1883, p. 715, reports a case of a man aged 50, with mitral disease and albuminuria, who caught a severe cold, and, during a paroxysm of coughing, epistaxis came on very profusely. The anterior nares were plugged by Mr. Gabb, and the bleeding apparently ceased; but after two or three hours he was sent for, and found that the bleeding had come on again, with blood running out of the eye, having welled up through the right lacrymal duct, and suffusing the eye. The phenomenon is a curious one, and worth recording.

RICHARD NEALE, M.D.

1016. *Le Fort on Laparotomy.*—In November of last year, M. Léon le Fort reported to the Académie de Médecine of Paris a successful case of laparotomy, performed for the relief of internal strangulation caused by a band. In some remarks on this case, the author pointed out that at the present day the surgeon in dealing with intestinal obstruction by active intervention has to choose between two operations:—one, enterotomy, consisting in an attempt to find through a small incision in the abdominal wall a loop of intestine situated above the obstruction, and to open this in order to let out fæcal matter and gas; the other operation, laparotomy, which opens the abdomen freely in order to enable the surgeon to proceed directly to search for the obstruction, and to overcome this by disengaging invaginated intestine by dividing any strangulating band, or by unfolding the knots of a volvulus. Enterotomy, which for many years, under the influence of Nélaton and his pupils, was the sole operative treatment of intestinal obstruction, has of late been performed much less frequently, as a reaction has taken place in favour of laparotomy, which seems likely to be substituted for the former operation. M. le Fort, who prefers laparotomy to enterotomy, points out that in the latter proceeding the surgeon merely gives an issue to intestinal contents; the primary cause of the evil, the strangulation, still persisting. Enterotomy, therefore, does not remove this evil, but only one of its most serious consequences. Laparotomy, on the other hand, permits the hope that the surgeon may reach and remove the primary cause of the symptoms. The case recorded by M. le Fort is one of internal strangulation in a young man, aged 18, who three years previously had suffered from an attack of subacute peritonitis. The patient was first seen by M. le Fort on the seventh day. He was then much exhausted, and in almost a moribund condition: the extremities were cyanosed, the face covered by cold perspiration, and the slightest movement was fol-

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lowed by fæcal vomiting. The abdomen, though much distended, was not very tender. Chloroform having been administered, an incision 6½ inches in length was made through the abdominal wall in the linea alba, between the umbilicus and the symphysis pubis. After careful examination of the large protruded mass of distended intestine, there was found in the right iliac fossa a small tumour, formed by the agglomeration of intestine strangulated through a small orifice, which felt as if formed by a band. Having passed his little finger into this orifice, M. le Fort drew it carefully towards the external wound and then saw there was a band—a kind of fibrous ring, very resistent and thick, formed by organised adhesions, and which closely encircled a loop of small intestine at a distance of about two inches from the cæcum. The band having been divided by scissors, the intestine, which was much congested, was at once set free. The patient, though in a very feeble condition after the operation, ultimately made a good recovery. One month after the date of the operation, he was able to walk. When seen again after an interval of five months, he had gained much flesh, and appeared vigorous and in good health. In conclusion, it is stated that in the surgical treatment of this case the antiseptic method was not applied. The dressing consisted simply in the use of compresses, saturated with a camphorated spirit lotion.

1017. *Lauenstein on Phlegmon of the Penis.*—Dr. Carl Lauenstein of the Seamen's Hospital, Hamburg, has recently reported (*Centralbl. für Chir.*, No. 17, 1883) two cases of typical phlegmon of the penis. These two cases presented several features in common, which are of importance, it is thought, in determining the nature of the affection. In each case, the primary ulceration was situated in the sulcus coronarius. If the anatomical relations be considered, it is clear that, through spreading of the ulcer to the attachment of the inner layer of the prepuce and perforation of this layer, a passage is established for the extension of the inflammatory process to the loose connective tissue between the integument and the corpora cavernosa. Probably neglect may be a primary cause, as an elongated prepuce and retained secretion are favourable conditions for the starting of phlegmon. Whether the age of the patient plays any part in favouring the disease, must for the present remain doubtful. One of the author's patients was 56, and the other 58 years of age. In the first of the reported cases the affection was considerably advanced when first seen, whilst in the second case the extension of the inflammation from the fold of mucous membrane to the corpora cavernosa took place whilst the patient was under observation. In these cases, the treatment varied in accordance with the advance of the inflammatory process. In the first case, in addition to lateral incisions the situation of which corresponded to the region below the attachment of the corpora cavernosa to the rami of the os pubis, an incision had to be made into the perinæum, whilst in the second case lateral incisions sufficed to arrest the inflammation. In neither of these cases were the neighbouring lymph-glands affected in any way, and no chancrous affection occurred in the incisions made in the treatment; a remarkable fact, as in both cases the incisions were carried almost as far as the primary ulcer, and as like infection of recent wounds almost always takes place, and in spite of antiseptic measures, whenever it is necessary to divide the prepuce in the treatment of ulceration of the glans, or of the inner preputial surface. Whether this absence of chancrous infection be associated in any way with the passive condition of the lymph-glands, remains to be determined by the study of a larger number of cases.

1018. *Fowler on Naphthalin in the Treatment of Wounds.*—Dr. George R. Fowler, of Brooklyn, who has had much experience of naphthalin as an antiseptic agent in the treatment of wounds and ulcers, deals in the *Annals of Anatomy and Surgery*, May 1883, with certain objections to its use brought forward by Hoeftmann, of Professor Schoenborn's clinic in Königsberg. To the objection that naphthalin is an irritant to the wound surface, and that this fact militates against its use where union by first intention would be otherwise attainable, Dr. Fowler would reply that, in the case of operation-wounds and other recent injuries of the soft parts where union by first intention is likely to take place, it is not at all desirable to bring any antiseptic into constant contact with the wound-surfaces after they have been brought into an aseptic condition by irrigating them with a solution of carbolic acid or chloride of zinc. Should it be deemed advisable, on the other hand, to adopt the method of primary drainage from an open wound and secondary suture as advocated by Kocher, no more available antiseptic than naphthalin can, it is thought, be desired for the purpose. But one instance has been observed by Dr. Fowler of the occurrence of hæmorrhage after the use of naphthalin. This was a case in which a small fibroid tumour had been removed from the junction of the supra with the intravaginal portion of the cervix uteri. The objection to naphthalin, that it interferes with proper drainage of wound-secretions by its tendency to form crusts, is met by the statement that, while in some instances it does form crusts, yet these can in no way interfere with drainage if the dressings be properly applied. These crusts are always loosely adherent in small scale-like masses, which are easily lifted from the surface at the edges of the wound, beneath and through which the accumulations easily pass. Dr. Fowler has recently been led to doubt the utility of drainage-tubes, and, could he feel assured that every wound under his care was rendered aseptic at the first dressing, would discard drainage-tubes altogether. The nearest approach in Dr. Fowler's experience to eczema produced by naphthalin has been in the case of old ulcers, where a superficial excoriation of the integument immediately adjacent to the site of the ulcer resulted from a neglect on the part of the patient to report as soon as the secretions made their appearance from beneath the edge of the dressings. These excoriations were in no way akin to eczema, and quickly disappeared under the use of an ointment of oxide of zinc. Dr. Fowler states unequivocally that in his experience patients do not complain of pain after the application of naphthalin dressings. Naphthalin has been found by Dr. Fowler to be a most efficient preventive of putrefactive processes in wound-secretions and other organic matter, if intimate contact be insured between the agent and the parts sought to be protected; but he would not trust this agent alone, where a wound had become septic, to restore it to an aseptic condition. The antiseptic qualities of naphthalin are stated to be very inferior to those of chloride of zinc for this purpose; and it is upon this latter agent that Dr. Fowler now mainly rests when from any cause putrefaction has attacked a wound.

1019. *Rydygier on Gastro-Enterostomy.*—The following case in which gastro-enterostomy was performed has recently been reported by Dr. Rydygier, of Kulm (*Centralbl. für Chirurgie*, No. 16, 1883). The patient was a man, aged 54, who during two years had suffered from gastric disturbance and vomiting after meals, and, for a short time before he came under the author's notice, had been unable to take any save fluid food, and this in small quantities. The man was much emaciated, feeble, and his skin presented a well-marked cachectic tint. In the pyloric region could be felt a movable tender tumour, of about the size of an apple. After frequently repeated injection into the stomach of weak solutions of salicylic acid, laparotomy was performed with the primary object of excising the new growth. On opening the peritoneal cavity, however, it was found that a considerable extent of the walls of the stomach had been invaded, and that several glands had become infiltrated. It was at once decided to substitute for resection of the pylorus Wölfler's operation of gastro-enterostomy. The patient did well during the first three days, but on the fourth day, after having suffered from intense pain in the abdomen, and after copious diarrhœa of blood-stained fæcal matter, he died in a state of collapse. On *post mortem* examination, it was found that death had been the result of hæmorrhage from the wound in the stomach. The adjacent portion of intestine contained a large accumulation of black blood. In some remarks on this case, Dr. Rydygier states that, in two at least of the hitherto recorded instances of gastro-enterostomy, the urgent and most troublesome gastric symptoms were completely relieved. In one case, treated by Lücke, the patient improved much in general health, and increased in weight, during the first two months after the operation. The cause of the fatal result in this case differed from that recorded in other cases. In one patient on whom Billroth had performed gastro-enterostomy the flow of bile and pancreatic fluid was diverted into the stomach by a valve or spur formed by the wall of the attached portion of small intestine, and death resulted from obstinate and severe vomiting. In a case recorded by Lauenstein, death was due to exhaustion. In Rydygier's case, neither compressing instruments nor provisional ligatures were applied to the stomach or small intestine during the operation. Hæmorrhage and discharge of gastric contents into the peritoneal cavity were prevented by the hands of assistants. Here, then, the danger of hæmorrhage attributed by Lauenstein to the use of compressing instruments occurred after simple manual pressure.

W. JOHNSON SMITH.

1020. *Schönborn on the Removal of a Mass of Hair from the Stomach.*—At the twelfth meeting of the German Surgical Association in Berlin, on April 5, Dr. Schönborn, of Königsberg, showed a mass of hair which had been removed from the stomach of a young girl, in whom the presence of a tumour had been diagnosed for one and a half years. The tumour was in the left epigastrium, and was taken for a splenic growth or a floating kidney. Digestion was normal, but fits of vomiting came on at intervals of from three to five days. An opening about five inches long was made in the anterior wall of the stomach, the mass of hair was turned out, and convalescence followed rapidly. The tumour consisted of innumerable short pieces of hair, which had become felted together, constituting a mass weighing 381 grammes (over 13½ ozs.) The girl and her companions had been in the habit of biting off the ends of their plaits of hair and swallowing them, in the belief that they would thereby attain a fine voice. There are seven similar cases in medical literature, all of which, with the exception of one half-grown boy, were met with in the female sex, and none of which were mentally diseased. None of those other cases were diagnosed during life, but all died with symptoms of peritonitis, so that this is the first case of cure. [The age of the patient is not given.—*Rep.*]

1021. *Langenbuch on Removal of the Gall-Bladder.*—At the meeting of the German Surgical Congress in Berlin on April 7 (*Wien. Med. Blätter*, May 31), Dr. Langenbuch of Berlin showed a woman, aged 34, from whom he had removed the gall-bladder. The patient had suffered from gall-stones for nine months; the gall-bladder was felt as a hard, prominent, sensitive tumour. On opening the abdomen, the gall-bladder was found to be hypertrophied and adherent to the neighbouring tissues, and to contain a large number of stones, some of them adherent to the walls, and threatening perforation. The viscus was emptied by a Pravaz's syringe, and then easily detached behind the cystic duct; and the patient now looked well and blooming, although she had had a floating kidney removed in 1881. Langenbuch had operated before on a man who had been taking morphia for years on account of the pain. The operation was successful, and the wound healed well; but the patient died from cerebral anæmia.

1022. *Küster on the Removal of Cancer of the Breast.*—At a meeting of the Medical Society of Berlin (*Deutsche Med. Wochensch.*, April 25), Dr. Küster, in speaking of cancer of the breast, laid great stress on the importance of removing all glands from the axilla in cases where extirpation of the mamma is indicated, even if the glands do not appear to be enlarged. Out of 117 cases in which he had examined microscopically the extirpated glands, only two were found in which they were not cancerous. In the course of the discussion, Esmarch recommended amputation of the arm, in cases where the glands were so adherent to nerves and vessels as to make complete removal impossible.

1023. *Gussenbauer on Avulsion of the Scalp by Machinery.*—In the Society of German Physicians in Prague on March 16 (*Wien. Med. Blätter*, April 5), Professor Gussenbauer showed a case in which the entire scalp had been removed by machinery. The integuments, which were attached by a strip of skin to the neck, were replaced the same day, but adhesion did not take place, and the healing had to be carried out by skin-grafting. Both in this case, and in a former one in the same factory, where death occurred from hæmorrhagic meningitis, the skin was separated along the line of the glabella.

ALICE KER, M.D.

1024. *Wulff on a Case of Progressive Osteomalacia.*—Dr. F. Wulff (*Petersb. Med. Woch.*, 1882, and *Centralblatt für die Med. Wiss.*, May 5) relates the following case. A man, aged 26, an officer's servant, had suffered in childhood from variola, and subsequently from repeated attacks of malarial fever. Some months ago, he began to suffer from pains in his back and lower extremities. Three months later, he fell and fractured his right arm and collar-bone; then, five months afterwards, he incurred fracture of both femora and the left

upper arm. While lying in bed with these injuries, he experienced severe crampy pains in the left arm. A peculiar deformity gradually supervened in the course of a few months. The trunk seemed crumpled and shortened. The chest and abdomen were doubled on one another; the ribs, from the second downwards, were unusually curved and inelastic, so that the form of the thorax was permanently altered by the painful movements of the patient; the sternum retained its normal firmness; the lower angle of the left scapula was turned outwards; the fractured right arm had healed perfectly; the callus was evident at the seat of fracture on the left arm; the pelvis was much deformed by the maintenance of one position upon an air-bed; the os sacrum and os pubis were both distorted laterally; the bones of the cranium and of the face were unaffected. At a later period, the upper extremities became still more deformed, in consequence of the inconvenient posture that the patient was compelled to adopt in drinking. For a long time his general health was good (under the use of phosphorus). The yielding of the bones then began to affect the skull and jaws. Dyspnœa occurred, and he died after about three years' duration of the malady. The urine had for a long time been greatly augmented in quantity, although it was but little altered in quality, slightly acid, specific gravity 1,014; urate of soda, scattered blood-corpuscles, cell-fragments, and bacteria, were found in the sediment. At a later period, the quantity of urine passed in forty-eight hours, fell below half its former quantity, while the saline matters became increased, and a small proportion of albumen appeared. The length of the body had lost about twelve inches from the date of his entering upon military service. Examination of the skeleton showed extensive softening of the bones. Nothing abnormal was discovered in the abdominal viscera, except that concretions were met with in the calyces of both kidneys. Microscopical examination of the bones found a deficiency of osseous trabeculæ and excess of medullary tissue.

W. B. KESTEVEN, M.D.

1025. *Galilea on Hepatitis of the Concave Surface of the Liver, terminating in Suppuration: the Abscess opened externally: Cure.*—A youth, aged 23, fell ill on Sept. 1 last, with symptoms of hepatitis. After a fortnight the character of the fever, irregular chills, colliquative sweats, and local symptoms made suppuration evident. A blister was applied to the painful part to hasten matters. After four days the abscess appeared, perfectly limited to the posterior border of the right lobe; fluctuation was felt, and there were evident adhesions to the peritoneum, since the abscess was not influenced by the position of the patient. A trocar was inserted, and 18 ounces of thick, creamy pus, some white, some blackish, with difficulty flowed out. The cannula was left in as a drainage-tube. Not to allow the entrance of air, it was carefully closed with cork, which was removed every two days to allow the matter to escape. In the first three times over 3 pints of matter were collected. The patient improved rapidly. In ten days, a drainage-tube was inserted instead of the cannula, and he was allowed to get up. He made a very good and quick recovery.

1026. *Saez on Elephantiasis of the Scrotum.*—On Sept. 17 last, Dr. C. Saez removed an immense tumour of the scrotum, which had been forming for 20 years. Its weight was 121½ pounds. Its pedicle at the least of the groin measured 2·30 mètres in circumference, and 0·90 mètres in all diameters. The operation lasted nearly two hours. The left testicle was saved, a scrotum being made from the sound skin of the pedicle. Five days after the operation, when the case was reported, the patient was progressing favourably.

G. D'ARCY ADAMS, M.D.

MEDICINE.

RECENT PAPERS.

1027. BEEVOR.—Morbillic Rash in Typhoid Fever. (*Brit. Med. Jour.*, May, p. 956.)

1028. ROBERTS.—Two Cases of Cirrhosis of the Liver. (*Ibid.*, May, p. 1002.)

1029. DREW.—Gastro-Intestinal Catarrh simulating Typhoid Fever. (*Ibid.*, May, p. 961.)

1030. Larvæ of Flies in the Human Intestine. (*Brit. Med. Jour.*, March, p. 573.)

1031. WILKINS.—A Case of Obliteration of the Superior Vena Cava. (*Lancet*, May, p. 812.)

1032. FLINT.—The Production out of the Body of Pulmonary Fibres obtained by Auscultation and Percussion. (*Ibid.*, May, p. 809.)

1033. MICKLE.—Tubercular Pericarditis.—(*Lancet*, May, p. 898.)

1034. STONHAM.—The Causation of Cardiac and Pulmonary Dyspnœa in Diseases of the Heart. (*Ibid.*, June, p. 946.)

1035. MATHIEU.—Two Cases of an Infectious Complaint accompanied by Articular and Peri-articular Trouble. (*Revue de Méd.*, March.)

1036. MOLINER Y SANZ.—On a Rare Form of Paludism. (*El Siglo Medico*, May 6, 1883.)

1037. KARPINSKY, K.—Cases of Glanders in Man. (*Vratch*, 1882, No. 23, pp. 380–2.)

1038. CALMETTE.—The Relations between Glycosuria and Diabetes and the different Forms of Malarial Fever.

1039. Chyluria and Filaria Sanguinis. (Virchow's *Archiv*, Band lxxxix.; and *Centralbl. für die Med. Wiss.*, Feb. 17.)

1040. ROSENBACH.—Essential Anæmia. (*Deutsche Med. Wochensch.*, May 9.)

1041. NOTHNAGEL.—Chronic Intestinal Catarrh. (*Wiener Med. Blätter*, May 24 and 31.)

ART. 1027. *Beevor on Morbillic Rash in Typhoid Fever.*—Mr. Beevor, in the *Brit. Med. Jour.*, May 1883, p. 956, cites a case of a nurse who had been ten days nursing two cases of typhoid fever, when she suddenly complained of the premonitory symptoms of an acute febrile attack, temperature running up to 104°. On the third day, a rash exactly resembling that of measles appeared first on the feet and legs, and afterwards on the chest and arms, yet she had no coryza nor conjunctivitis. The rash gradually faded, and was not followed by desquamation. On the fourth day typhoid stools, brown tongue, and pain in the right iliac region, pointed to typhoid fever, and the subsequent history of the case was that of ordinary typhoid fever. Cases of this kind are often turning up and may easily lead to an incorrect diagnosis. [In addition to papers on this subject, noted in the *Medical Digest*, Section 1494: 5, a valuable communication by Dr. Mahomed is to be found in the *Lancet*, May 1883, p. 686.—*Rep.*]

1028. *Roberts on Two Cases of Cirrhosis of the Liver.*—Dr. Frederick Roberts, in the *Brit. Med.*

Jour., May 1883, p. 1002, reports two cases of cirrhosis of the liver, illustrating points in diagnosis and treatment. The first was that of a man, aged 39, who was admitted suffering from cirrhosis of the liver, accompanied with localised ascites. The abdomen was much distended, especially in the epigastric region. Immediately above the umbilicus there was a distinct groove, a quarter of an inch deep and two inches wide, running across the abdomen; above this groove there was a distinct rounded prominence, and the lower part of the thorax was bulged out and everted, especially on the right side, where the lower intercostal spaces were obliterated. The general feel of the abdomen was that of tension from fluid, and no solid of any kind could be felt. Fluctuation was easily produced in the upper part of the abdomen, almost absent in the groove, and fairly marked below it. Ten days after admission, it was decided to tap the patient a little below the ensiform cartilage, when four and a half pints of fluid were drawn off. The fluid was almost solidified by adding nitric acid, and no traces of hooklets were found. Two days afterwards the patient was again tapped, this time between the umbilicus and pubes, and nine pints of fluid were drawn off, in character the same as before. The patient gradually sank, and died about six weeks after admission. At the *post mortem* examination, it was discovered that the great omentum was adherent to the left end of the liver, forming a distinct sac with the convexity downwards, bounded below by the colon. The interior of this sac communicated with the rest of the peritoneal cavity by a small opening which would just admit three fingers. The liver weighed 67 ounces, and was very hard and granular; other organs fairly healthy. The second case was that of a man, aged 49, who was admitted with extensive ascites, and was tapped a few days after admission, when 18½ pints of fluid were drawn off. Subsequently the patient had profuse diarrhœa for about fifteen days, during which time the measurement of the abdomen, at the level of the umbilicus, decreased from 40 inches to 33 inches, and in a few weeks the patient was discharged. The abdomen was quite free from fluid; he slept and ate well and felt 'quite another man.'

1029. *Drew on Cases of Gastro-Intestinal Catarrh Simulating Typhoid Fever.*—Mr. J. H. Drew, in the *Brit. Med. Jour.*, May 1883, p. 961, relates three well-marked cases. The symptoms commenced with rigors, pains in the head and abdomen, coated tongue, a tendency to sickness and diarrhœa, with a persistent rise of temperature to not higher than 102°. The evacuations were mucous and not like those of typhoid, and there was no rash or delirium. Towards the end of the second week these symptoms subsided, and convalescence was rapid, with no tendency to relapse. In a discussion which ensued, Mr. Cripps Lawrence referred to an account of gastro-intestinal catarrh given by Vogel and Niemeyer, and considered that a diagnostic point of importance in these cases was that there was no evening rise of temperature as in typhoid fever. Dr. Symes Thompson said that there was undoubtedly a difficulty in some of these cases in distinguishing them from typhoid fever.

1030. *Larvæ of Flies in the Human Intestines.*—In the *Brit. Med. Jour.*, March 1883, p. 573, an article is given on the subject of larvæ in the human intestines, and an instance is given of a case of a farm boy, aged 21, who sought advice for colicky pains and constipation. One-eighth of a litre of Hunyadi János water was prescribed, to be taken every morning on an empty stomach. On the third day a vast mass of larvæ, partly alive and partly dead, were passed by the rectum. The uneasy sensations were at once removed. The larvæ on examination were found to be those of a common dipterous insect, closely allied to the house-fly and blue-bottle. Amongst other species of insects that have been found in the fæces of the human subject in the larval form may be mentioned the common fly, the blue-bottle, the lesser house-fly, also the caterpillar of the common tabby moth.

1031. *Wilkins on a Case of Obliteration of the Superior Vena Cava.*—Dr. Wilkins, in the *Lancet*, May 1883, p. 812, records a case of a man, aged 34, who was admitted into the Montreal General Hospital on account of dyspnœa and a feeling of fulness in the head. He said that twelve months previously, when lifting a heavy weight, he felt something give way in his chest. This was immediately followed by severe dyspnœa. He gave up work for a time, and for the next six months had occasional attacks of dyspnœa, with pain in the region of the heart. The severe symptoms abated after this until four weeks before admission, when he suddenly felt 'as if he would smother,' and coughed up a small quantity of blood. Four days before admission, his breath became very short. On admission, the heart and chest signs were normal; there was some swelling and tenderness on each side of the neck just over the great veins. About six weeks after admission, signs of fluid appeared in the left side of the chest, with œdema of the face; subsequently the chest was aspirated, and fluid drawn off in considerable quantities, every three or four days. The fluid was always clear. The urine never contained albumen, and there was never any œdema of the legs nor any ascites. For five or six weeks the patient remained much the same, being relieved by frequent tappings; but at length the dyspnœa became more urgent, the right side of the chest also became filled with fluid, the pulse and temperature ran up, and the patient died from dyspnœa, followed by coma. The whole amount of fluid removed by the aspirator was 862 ounces, the greater portion from the left side. On *post mortem* examination, the superior vena cava was found to be obliterated, and was transformed into a firm fibrous cord, the result of a thrombus in the vessel. Organised thrombi extended into the innominates and internal jugulars. [An interesting series of similar cases may be consulted by reference to section 751 : 1, *Medical Digest.—Rep.*]

1032. *Flint on the Production out of the Body of Pulmonary Signs obtained by Auscultation and Percussion.*—Dr. Austin Flint, in the *Lancet*, May 1883, p. 809, gives a summary of the lecture he delivered in the Bellevue Hospital, New York, illustrating artificially the various sounds obtained by auscultation and percussion in health and disease. A loaf of bread illustrates admirably the different notes obtained by percussion; by soaking a portion of the loaf, flatness of pulmonary sounds may be imitated, and just above the line of immersion, dulness, identical in character with that which occurs in diseased states of the lung, is obtained. Tympanitic resonance is readily produced by removing, in a portion of the loaf, all but the crust. Respiratory signs are not produced so easily, but may be fairly well developed outside the body by using human lungs or those of the sheep. By inserting the nozzle of a pair of

bellows into the trachea, and imitating the acts of respiration, the distinctive characters of the respiratory murmur may be satisfactorily studied. Bronchial respiration is illustrated by simply blowing into tubes of different sizes. Râles are artificially produced by India rubber tubes of different sizes; after forcing water through the tubes, there remains enough to give rise to these râles for some hours on passing a current of air, either from a syringe or the mouth, through the tubes, and holding them close to the ear. With regard to the vocal signs, viz., bronchophony, simple increase of vocal resonance, ægophony, and pectoriloquy, only ægophony can be readily produced in lungs removed from the body. The author requests that those who have devised means of producing sounds, artificially, should publish their results.

1033. *Mickle on a Case of Tubercular Pericarditis.*—Dr. Mickle, in the *Lancet*, May 1883, p. 898, notes a case of tubercular pericarditis occurring in a patient aged 54, the majority of cases met with being under forty years of age. Dr. Mickle's patient had been for many years insane, hemiplegic, and aphasic, and died comatose after a general convulsion. On *post mortem* examination, it was found that the layers of the pericardium were closely conjoined and adherent, by thick intervening dry false membranes, and both the serous layers were thickly strewn with numerous embedded tubercular nodules of dirty-whitish hue. The lungs showed signs of old adhesions with caseous nodules, with tubercles in the right lung at the apex. Short notes are also given of another case of a man who died at the age of thirty-one. He had suffered for many years from chronic mania, and a few months before his death had signs of pleurisy. At the *post mortem* examination, it was found that over the whole surface of the heart were scattered firm whitish patches of fibro-caseous appearance, and, besides these, miliary granulations were detected on both the visceral and the parietal layers of the pericardium.

1034. *Stonham on the Causation of Cardiac and Pulmonary Dyspnœa in Diseases of the Heart.*—Mr. C. Stonham, in the *Lancet*, June 1883, p. 946, gives a short article on the causes of dyspnœa in advanced cases of valvular disease of the left side of the heart, in which there is a want of compensation and pulmonary congestion. Hitherto this dyspnœa has been regarded as the consequence of pulmonary congestion, with œdema of the lungs and pleuræ; but the author shows that there is another condition constantly at work in producing these attacks of dyspnœa, and especially those attacks which come on just as the patient is dropping off to sleep, and which are relieved by a hypodermic injection of morphia ($\frac{1}{6}$ or $\frac{1}{4}$ grain). The explanation given of these cases by Mr. Stonham is that the blood, being more venous than natural, acts as a stimulus to the medulla oblongata, and causes the state of excitement which is shown by the attack of dyspnœa. Just as the brain is going to sleep, the respiratory centre is supplied with less blood than it has been accustomed to during the day, and consequently with less oxygen; the balance becomes disturbed, and the centre breaks loose, as it were, causing an attack of dyspnœa. The morphia acts as a sedative to the whole nervous system, and therefore arrests the attack.

Richard Neale, M.D.

1035. *Mathieu on Two Cases of an Infectious Complaint accompanied by Articular and Peri-articular Troubles.*—In the *Revue de Médecine* for March, Dr. Mathieu records two cases of a somewhat extraordinary nature. In the first, a young man, aged 25, a wine-merchant, was suffering from 'herpetic fever,' and it was found that there was also tumefaction in front of the head of the humerus, accompanied by sharp pains about the joint. The principal seat of tenderness was in the midst of the space between the deltoid and pectoralis major. There were profuse sweating, epistaxis, and marked increase of splenic dulness, while there were also dulness and bronchial breathing at the base of the right lung. Typhoid depression ensued. These symptoms were followed by the appearance of matter in the middle of the arm behind the vasculo-nervous bundle, the skin having a phlegmonous aspect. The pus on its evacuation was at once submitted to microscopic examination, and showed numerous micro-organisms both in chains and in double points. The opening of the abscess was followed by recovery. In the second case the patient was a man, aged 64, the subject of syphilis, which gradually disappeared under the influence of the green iodide of mercury. Simultaneously with the disappearance of the syphilitic symptoms, rigors, fever, delirium, pain and swelling of the right wrist, especially in the region of the external lateral ligament, together with pleuritic physical signs on the left side, indicated the presence of the infective malady, the case terminating fatally on the seventh day of the later symptoms. The necropsy showed fibrinous pleuritic exudations and pleuritic effusion, patches of pulmonary apoplexy and splenisation of the lung, inflamed and suppurating ganglia about the size of nuts in the root of the right lung, no valvular nor endocarditic lesions, hæmorrhagic centres in the liver, and patches of injected veins immediately beneath Glisson's capsule; the kidneys enlarged and congested, with serous or sero-sanguineous cysts, and hæmorrhagic foci; the splenic capsule thickened, and the intestine congested, but without glandular inflammation. The fluid, both from the pleural cavity and from the right wrist, contained numerous organisms in chains or moving points. In regard to these cases, the author points out that they resembled each other in that a primary weakening cause (in the one case herpetic fever in an overworked and intemperate man—in the other syphilis) predisposed to the reception of an infectious malady, characterised by the general state, the high temperature, the articular or circum-articular manifestations, the lesions in the lung, and the softening, with, in the first case, the enlargement of the spleen. The tendency to localised hæmorrhages in the liver, kidneys, intestines, and other viscera points, moreover, by analogy to the class of infectious diseases, as being the cause of the unwonted symptoms that distinguished the arthritic troubles from those of rheumatism.

K. W. Millican.

1036. *Moliner y Sanz on a Rare Form of Paludism.*—Dr. Moliner y Sanz reports an epidemic which occurred in Dega in 1881 where malarial fevers are not prevalent. The epidemic occurred in the second fortnight of June and August, coinciding with the greatest summer heat. In the autumn of the previous year a great storm had inundated the country, and caused much damage. The disease attacked 34 individuals, 27 men, and 7 women, all vigorous and healthy, aged from 15 to 40, and all employed in agricultural pursuits. The attack commenced with shivering and lassitude; on the second day insomnia, frontal headache, flushed face, loss of appetite, diarrhœa and vomiting, precordial distress, slight

rise of temperature, pulse frequent and small. This, the first stage, lasted from three to five days, and was followed by the second and much more alarming, characterised by paleness of face, expression of terror, frequent syncope, terminating by cold sweats more or less profuse, disturbed sleep. The temperature varied between 99·5° and 104·5° Fahr., without periodicity. No function was more profoundly disturbed than the circulation ; the heart's action was violent ; in the worst cases the precordial dulness was increased, loud and confused murmurs, the pulse dilated, dicrotic rarely polycrotic, intermittent, sometimes seeming not to beat for an interval corresponding to four or more pulsations, sometimes intermitting at regular intervals, unequal and irregular ; in a word, every pathological modification of which the pulse is susceptible was met with in nearly every patient. One might say the heart was attacked by chorea. The urine was scanty and bloody, containing a variable amount of albumen. The termination of the illness was from the tenth to the fifteenth day ; the syncope disappeared, sleep was obtained, and the heart's action was quieted, and, as if from fatigue, the heart for a long time continued to beat very slowly ; thus for a month or more the pulse was only 40 in the minute, and in two cases 28 only. The only treatment of any avail was quinine in full doses. All the patients recovered, and continued to suffer from fever of the tertian type, with anæmia, œdema, and splenic tumour. Cardiac paludism seems the most descriptive title to give to the epidemic. G. D'ARCY ADAMS, M.D.

1037. *Karpinsky on Cases of Glanders in Man.*—Dr. K. Karpinsky, of Berdiansk (*Vratch*, 1882, No. 23) asserts that this terrible disease occurs in man not so rarely, unfortunately, as it is generally believed. At least, within the last four years he has come across eight instances of farcy in human patients, five of the cases being of an acute variety, three of a chronic. Six patients died, five within a few weeks from the infection, one at the end of a year. The remaining two patients are in the way to recovery. One of them is a medical man, who contracted the disease when making a hypodermic injection in a glandered peasant, and afterwards wiping a drop of blood with his abraded forefinger. Having detailed his cases, Dr. Karpinsky remarks that the diagnosis of acute glanders becomes comparatively easy only when all the symptoms of the affection are fully developed ; in the beginning, it may be mistaken for acute rheumatism, or even typhoid fever. The diagnosis of chronic farcy presents still greater difficulties ; the author thinks that many cases of the chronic variety are regarded by observers as rheumatism or neuralgia, and treated as such. The danger from infection through the air-passages seems to be slight ; at least, the author did not meet any instance of transmission of the disease from a glandered patient to those who nursed him. [The latter statement by Dr. Karpinsky is well supported by a case of acute glanders in a lad, reported by Dr. T. Geshelin in the *Vratch*, 1882, No. 24, p. 399. The mother of the lad slept in one bed with her son through all his illness, even when his nose and the whole face became ulcerated. The lad died, but she, as well as other numerous members of the family who inhabited the same room, remained entirely free from the disease. An able description of two fatal cases of human farcy by Dr. F. I. Pasternazki may be found in the *Ejened. Klin. Gazeta*, 1881, Nos. 15, 16, and 17. A very interesting case of (seven days') glanders, mistaken during life for pyæmia, in a man who was simultaneously a 'trimmer' of carrion and sausage-maker, is published by Dr. A. Preferansoff, of Cronstadt, in the *Vratch*, 1881, Nos. 48 and 51.—*Rep.*] V. IDELSON M.D.

1038. *Calmette on the Relations between Glycosuria and Diabetes, and the Different Forms of Malarial Fever.*—Dr. E. Calmette records his observations, made in the malarial district around Tunis. These relate—1, to forty-one cases of remittent or intermittent fever, in five of which there was a transitory presence of sugar in the urine ; 2, to fifty-five cases with jaundice and subconjunctival extravasation of blood. In several of these, a transitory albuminuria was seen, but no sugar in the urine. The patients of both categories, several months afterwards, passed urine without either sugar or albumen, but with a considerable quantity of phosphates and oxalate of lime. Among the natives, diabetes is very frequently met with in those who had suffered from malarial fevers. The same is not observed among the population in towns, a circumstance which M. Calmette attributes to a relation between malaria and oxaluria ; the separation of sugar or oxalic acid depending upon a disturbance of the glycogenic function of the liver.

1039. *Case of Chyluria with Filaria Sanguinis.*—The following case is given in the *Centralblatt für die Med. Wiss.*, Feb. 17 (from Virchow's *Archiv*, Band xxxix.). A woman, aged 32, after violent bodily exertion, suddenly passed chylous urine; she had for some time previously suffered from a dull pain in the left hypogastrium. The urine looked like milk, had acid reaction, and contained albumen but no sugar ; its specific gravity was 1018. Lumps of fibrin were sometimes evacuated, and the microscope detected in these oil-globules, white and red blood-corpuscles, and filaria in the sediment. Examination of the bladder, and catheterisation of the left ureter, were effected after dilatation of the urethra. The withdrawal of the catheter was followed by a flow of milky urine into the bladder. A great number of filariæ were found in the blood, especially between nine and eleven o'clock at night ; after two o'clock, none were passed. The patient's health gradually failed more and more ; chylous diarrhœa occurred, and death took place about six months after the accident. The *post mortem* examination could only be imperfectly performed. On the left side of the pelvis there was found a large multilocular sac distended with chylous fluid. The enlarged urinary bladder, which appeared imbedded in a fold of this sac, communicated therewith by an aperture in its upper wall. The abdominal lymphatic glands and lacteal vessels were enlarged and dilated. This cystic tumour the author considered to have had its origin in the fusion of the lymphatic vessels, and dilatation through thrombosis, with the presence of filaria.

W. B. KESTEVEN, M.D.

1040. *Rosenbach on Essential Anæmia.*—Dr. Rosenbach, of Breslau, writing on essential anæmia (*Deutsche Med. Wochensch.*, May 9), points out three characteristics of the disease. 1. It recurs at certain seasons of the year, so that we can distinguish a spring, a summer, and an autumn form. Cases occurring in winter are extremely rare. and those belonging to the height of summer seem to be the most severe. 2. A peculiar craving for acids is displayed by the patients, which must not be

supposed to be merely a deficiency of hydrochloric acid in digestion, as any other acid, and even fresh fruit, supplies the want. The desire for acids ought to be gratified, as it is the assimilation of the patient that is at fault, and the organism instinctively demands what is needed. 3. Instead of feeling strongest in the morning, the patients are at their best in the late afternoon and evening, or sometimes even far into the night. Their desire for food follows the same rule, and it is best to let them eat at the times when they feel most appetite, irrespectively of ordinary meal-times. It is also of no use to try to ensure brightness and freshness in the morning by making them go early to bed, as they do not sleep until their time of feeling strong has passed off. They ought to be as much in the sun and fresh air as possible, but ought not to fatigue themselves with walking. The anæmia of puberty is not included in these remarks; and Dr. Rosenbach has found that the prognosis of the cases of essential anæmia is more favourable when the weakness and want of appetite are periodical, than when the patients are always tired, and refuse all kinds of food alike.

1041. *Nothnagel on Chronic Intestinal Catarrh.*—Professor Nothnagel, at the meeting of the Royal and Imperial Society of Physicians at Vienna on May 18 (*Wien. Med. Blätter*, May 24 and 31) spoke on the subject of chronic intestinal catarrh, which, he said, has been little mentioned in text-books. There is also no explanation given, in physiological text-books, of the fact that healthy individuals have generally only one stool in the twenty-four hours; and Nothnagel thinks that no explanation can be given, but that it is one of those arrangements, depending partly on the anatomical relations of the parts, and partly on innervation, for which we cannot account. Chronic intestinal catarrh may be considered to be present when mucus appears in the motions, although the absence of mucus must not be regarded as conclusive evidence against the existence of catarrh. Nothnagel divides the cases of chronic intestinal catarrh into four classes: 1. Those patients who have a stool every second or third day, often produced artificially; this is the type of primary chronic catarrh of the large intestine, and depends, according to Nothnagel, on diminished anatomical activity of the ganglion-cells: 2. Cases where a stool is passed daily, but each time thin, pulpy, and mixed with mucus: 3. Cases with irregularity in the state of the bowels, sometimes constipation, sometimes diarrhœa, and sometimes an alternation between the two; the diminished activity of the nerve-cells explains the constipation, and the irritation of the fæces causes eventually the diarrhœa, which may also be excited by a very small error in diet: 4. Cases with continued diarrhœa. Here, however, chronic ulceration of the bowels must be distinguished from catarrh. Where diarrhœa is present without ulceration of the large intestine, Nothnagel has always found an affection of the small intestine as well. When the food does not undergo its normal changes in the small intestine, it acts as an irritant on the mucous membrane of the colon, and causes the diarrhœa. Some patients have a stool after each meal, some after a mid-day meal only, and some after an evening meal only. Nothnagel would explain this by referring it to nervous influence.

Alice Ker, M.D.

THERAPEUTICS AND PHARMACOLOGY.

RECENT PAPERS.

1042. Hiller.—Bromine in Diphtheria. (*Deutsche Med. Wochensch.*, May 30.)

1043. Küster.—The Application of Iodoform to the Peritoneum. (*Deutsche Med. Wochensch.*, April 25.)

1044. Croner.—Papayotin in Diphtheria. (*Deutsche Med. Wochensch.*, May 30.)

1045. Unna.—On Ichthyol. (*Wien. Med. Blätter*, May 10.)

1046. Szuman.—Successful Intravenous Injection of a Saline Solution. (*Berliner Klin. Wochensch.*, May 21.)

1047. Maschka.—The Action of Extract of Calabar Bean in Diarrhœa. (*Berliner Klin. Wochensch.*, April 9.)

1048. Delbastaille.—The Use of Perosmic Acid as a Subcutaneous Injection. (*Centralbl. für die Med. Wiss.*, March 31.)

1049. Kaulich.—The Treatment of Diphtheria by Corrosive Sublimate. (*Bulletin Gén. de Thér.*, April 15.)

1050. Filipovitch, V.—On the Antiseptic Action of Trichloracetic Acid. (*Vratch*, 1883, No. 16, pp. 242-3.)

1051. Bombin.—Resorcin as a Local Application. (*El Sentido Catolico*, April 22.)

1052. Bozzolo, Prof.—On the Action of Iodoform in Diabetes Mellitus. (*Gazz. degli Ospitali*, Feb., and *Lo Sperimentale*, May 1882.)

1053. Semmola, Prof.—On the Use of Glycerine in Acute Fevers. (*Italia Medica*, No. 6, 1883.)

1054. Scarpari.—Parenchymatous Injections of Tincture of Iodine in some Forms of Bronchocele. (*Gazz. Med. Ital. Prov. Venete*, May 12, 1883.)

1055. Cook.—The Influence of Drugs on the Excretion of Urea and Uric Acid. (*Brit. Med. Jour.*, May, p. 857.)

1056. Bradbury.—A Case of Diabetes Treated with Codeia. (*Brit. Med. Jour.*, May, p. 869.)

1057. Phillips.—Exophthalmic Goître treated with Duboisinia. (*Brit. Med. Jour.*, May, p. 958.)

1058. Brown.—On Paraldehyde. (*Brit. Med. Jour.*, May, p. 956.)

1059. Sanctuary.—Nitrite of Amyl in Uræmic Asthma. (*Brit. Med. Jour.*, May, p. 956.)

1060. Granville.—Habitual Constipation. (*Brit. Med. Jour.*, May, p. 1001.)

1061. Brown.—Cannabis Indica in Menorrhagia. (*Brit. Med. Jour.*, May 1883.)

1062. Hassall.—Antiseptic Inhalations in Phthisis and other Lung-Diseases. (*Lancet*, May, p. 765.)

1063. Williams.—Treatment of Diabetes Insipidus by Ergot. (*Lancet*, May 1883.)

1064. Allbutt and Others.—Chorea treated with Large Doses of Succus Conii. (*Lancet*, May, p. 905.)

1065. Hay.—The Chemical Nature and Physiological Action of Nitro-glycerine. (*Practitioner*, June.)

1066. Brannigan.—Prolonged Suspended Animation due to Atropia applied Hypodermically. (*Med. Times and Gaz.*, May, p. 581.)

1067. Alexander.—Prolonged Suspension of Vitality due to Atropia applied Hypodermically. (*Med. Times and Gaz.*, May, p. 582.)

1068. Nelson.—On Veratrum Viride in Typhoid Fever. (*Archives of Medicine*, April 1883.)

Art. 1042. *Hiller on Bromine in Diphtheria.*—At a meeting of the Verein für Innere Medicin in Berlin on May 21 (*Deutsche Med. Wochensch.*, May 30), Dr. Hiller spoke on bromine in the treatment of diphtheria, having had a favourable experience of it in the wards of the Charité Hopital. He employs an aqueous solution, combined with bromide of potassium, four parts of each to 2,000 of water, as an

inhalation. As it is important to prevent the gas from entering the nose and eyes, a glass cylinder ought to be used for inhaling, and like precautions must be taken in making the applications to the throat, for which a stronger solution, ·5 to 1 per cent., is employed. The throat should be painted every half hour, and the gas inhaled twice as often, and the frequency of the applications is an important part of the treatment. It removes the membrane within twenty-four hours, and a tendency to return is easily checked by renewed applications. Bromine was recommended by Schütz and Gottwald so long ago as 1862, and Hiller thinks it is only its irritating properties which have prevented it from coming into general use before now. Herr Rabow related a case where a man, who had been ordered bromine to inhale, drank almost the whole contents of the bottle, which had contained 1 gramme (15 grains) of bromine and an equal quantity of bromide of potassium, diluted with 100 parts of water. No poisonous effects followed, and the patient speedily recovered from his diphtheritic attack. Herr Steinhauer had seen irritation of the trachea, leading to diphtheritic deposit, follow the inhalation of bromine; but it was pointed out by Herr Wernich that such an effect might be prevented by inhaling through a narrow opening, so as to limit the action of the gas.

1043. *Küster on the Application of Iodoform to the Peritoneum.*—At a meeting of the Berlin Medical Society (*Deutsche Med. Wochensch.*, April 25) Dr. Küster described his method of applying iodoform to the peritoneum, so as to obtain its full aseptic action, without any toxic dangers. In ovariotomy cases he passes over all the coils of intestines a sponge which has been dipped in iodoform, and from which all the superfluous powder has been shaken or beaten off, so that the thinnest possible film is all that adheres to the peritoneum. He also places an iodoform plug in the vagina. He strongly recommends iodoform collodion in wounds of the face or about the genital organs, or in any other situation where ordinary antiseptic dressings cannot be easily applied.

1044. *Croner on Papayotin in Diphtheria.*—In the Verein für Innere Medicin, on May 21 (*Deutsche Med. Wochensch.*, May 30), Herr Croner reported a case in which he had treated diphtheria with papayotin with great success. The attack was a severe one, in a boy, with extensive deposition of membrane and pronounced general symptoms; the sensorium being affected, and the morning temperature reaching 104° F. The throat was painted every hour with a four per cent. solution of papayotin, and in five hours the membrane was reduced to a sort of loose network, which soon disappeared. The temperature at the same time fell from 104·9° to 102° F., and convalescence progressed without any return of the membrane. Other members of the Society reported similar cases, although one or two had seen but small results from the drug; but the mass of evidence was in favour of its being at least as efficacious as, if not more so than, the forms of treatment already in use.

1045. *Unna on Ichthyol.*—Unna has experimented with ichthyol in articular rheumatism (*Wien. Med. Blätter*, May 10), and has found it of great service when applied externally in combination with vaseline. The pain is stilled as quickly as by the internal use of salicylic acid, and without the same risk of injuring digestion. He has found it useful even in old cases of rheumatism, with deformity, where it may be used in the proportion of 50 per cent., or the pure ichthyol may be applied once a day, the other applications being made twice. It has also relieved rheumatic pain in the scalp. Its disagreeable smell may be disguised by the addition of cumarin and vanillin. In the form of vapour it has been of service in affections of the upper part of the air passages, but it must be heated in a water-bath to prevent decomposition. It has been used as a spray for various forms of angina, with good results.

ALICE KER, M.D.

1046. *Szuman on Successful Injection of a Saline Solution.*—Dr. L. Szuman of Thorn (*Berliner Klin. Wochensch.*, May 21) states that, besides the case here related, there are on record eight other cases of injection of saline solutions into the veins for several accidents and diseases. This Dr. Szuman regards as a vast stride in the therapeutics of acute anæmia, and its superiority over transfusion of blood. The author enumerates the following advantages. 1. The requisite fluidity can always be ensured. 2. No special apparatus is required; an irrigator, and a cannula or probe-trocar, being always at hand. Exact antiseptic care must be observed with regard to the instruments. 3. The employment of saline solution in cases of acute anæmia must supersede transfusion of blood. The case related by Dr. Szuman is as follows. T. B., aged 15, the son of a labourer, met with an accident from a machine by which he had sustained a compound fracture of the neck of the right humerus with laceration of the joint, together with fractures of the right femur and tibia. When admitted into hospital, he was in a state of collapse; the face, lips, and conjunctivæ all bloodless; he was almost pulseless. Considering the extent of the injuries and the nearness of important vessels and nerves, it was decided that resection of the joint should be performed. Chloroform was very cautiously employed, and antiseptic dressings were applied. To counteract the collapse artificial respiration was practised, the head was lowered, and injections of ether were administered, with the successful result of rallying the patient. On the next day he was very feeble, and rejected food; the lips were blanched. Forty-eight hours afterwards, vomiting became frequent. Whilst the dressings were being changed, convulsive twitchings came on, which increased, and the patient became unconscious. The patient was apparently dying from cerebral anæmia. The injections of ether were repeated, the head and chest were lowered, the limbs were chafed with camphorated spirit, the sound limbs were bound with elastic bandages. Saline solution was then injected into the veins. Six grammes of common salt and one gramme of carbonate of soda were dissolved in one thousand grammes of distilled water. No transfusion-apparatus being at hand, a carbolic disinfector was employed, a small drainage-tube affixed to a fine trocar, which was inserted into the median vein, the cannula being fixed in the vein, and the fluid injected until about 250 grammes had entered the circulation, when the patient opened his eyes, the spasms ceased, and he answered questions. When about 760 grammes had been injected the pulse fell from 144 to 112, and the patient began to complain of a sense of coldness. The injection was therefore discontinued, and the ligature was removed from the vein. Improvement was steady and recovery ultimately complete.

1047. *Maschka on the Action of Extract of Calabar Bean in Diarrhœa.*—Dr. Maschka, of Carlsbad

(*Berliner Klin. Wochensch.*, April 9), has found this extract of great service in intestinal catarrh, diarrhœa, atony of the alimentary canal, &c., and explains his views of its mode of action. The physiological action of Calabar bean, Dr. Maschka states, is upon the muscular coat of the intestines, producing contraction thereof. In acute catarrh of the intestines, it controls the hyperæmia of the mucous membrane, and arrests the excessive secretion. Under its continued use the calibre of the intestine becomes narrow, while its contents are held back or only partially expelled. In cases of habitual atony of the muscular coat, it produces a normal evacuation of the contents of the bowels. Dr. Maschka gives it the preference over preparations of opium, as its continued use does not produce the injurious effects of the latter. Although the author has not much experience of the use of this drug with children, he argues *à priori* that it has a great advantage over opium in their case, as being free from the dangers that attend the administration of opium to children.

1048. *Delbastaille on the Use of Perosmic Acid as a Subcutaneous Injection.*—M. O. Delbastaille (*Centralbl. für die Med. Wiss.*, March 31) has met with success from the injection of a 1 per cent. solution of perosmic acid in sarcomata, lymphomata, strumous enlarged glands, and also cancerous glands. Three minims daily were employed. This injection had the advantage in a case of lymphoma, that, whilst it caused the shrinking of the tumour, it exerted no effect upon the surrounding textures.

W. B. Kesteven, M.D.

1049. *Kaulich on the Treatment of Diphtheria by Corrosive Sublimate.*—Kaulich (*Bulletin Gén. de Thérapeut.*, April 15), acting on the theory that diphtheria is due to an organism, selects corrosive sublimate as the best germicide to treat this disease. He washes the false membranes of the mouth, nose, and throat with a $\frac{1}{20}$ to $\frac{1}{10}$ per cent. solution. In children who had undergone tracheotomy, the trachea was washed with the same solution. The application was made four times a day, or sometimes even every two hours. Inhalations of a solution of only ·005 per 1,000 were used for fifteen minutes every hour or at more extended intervals. Internally, he administers to children from 1 to 2 centigrammes (= about $\frac{1}{6}$ to $\frac{1}{3}$ grain) of the drug daily in albuminous water to which a little cognac and sugar has been added.

K. W. Millican.

1050. *Filipovitch on the Antiseptic Action of Trichloracetic Acid.*—In a preliminary note in the *Vratch*, 1883, No. 16, p. 242, Dr. V. Filipovitch states that, when using trichloracetic acid ($C_2HCL_3O_2$) as a test for albumen, he observed that specimens of urine treated in this way did not undergo any decomposition, even after standing for many days. This induced him to undertake some experiments with urine, beef-extract, hay-infusion, &c., which proved that trichloracetic acid possesses antiseptic properties even in relatively small amounts: thus $\frac{1}{2}$ per cent. of the drug protects fluid from the development of schizomycetes (though it permits mould fungi to grow); 2 per cent. solutions arrest every sign of organic life for some months.

V. Idelson, M.D.

1051. *Bombin on Resorcin as a Local Application.*—Dr. Bombin (*El Sentido Catolico*, April 22) has made extensive trials of resorcin, oxyphenol, diatomic carbolic acid ($C_{12}H_6O_4$) as a local application. He uses the drug in the form of alcoholic solutions of different proportions. The first, of equal parts of resorcin and alcohol, has a distinctly caustic action; the second, of one part of the acid to ten of alcohol, and the third of one to twenty, are stimulant and antiseptic. A one per cent. solution is found to perfectly prevent decomposition. In obstinate syphilitic ulceration, Dr. Bombin first cauterises the surface of the sore with the 100 per cent. solution, and then applies the 10 per cent. solution night and morning till the eschars are separated, and afterwards the 5 per cent. one till cicatrisation is complete. He speaks most highly of his success in cases which had been before very intractable. As a local application, he has had very good results in orchitis and epididymitis with a 6 per cent. solution, and uses a 1·5 or 2 per cent. solution with good effect to wash out the bladder, but he considers that it acts in the latter cases simply as a local disinfectant. Moreover, he has not found that, taken internally, it has any curative action in such cases, as has been stated, and similar indecisive results followed its internal administration in cases of strumous glandular affections. In epithelioma of the cervix uteri, its local action does not seem to differ at all from that of carbolic acid; taken internally in large doses, the drug appeared to exercise a certain arresting influence on the spread of the disease, and there was some attempt at cicatrisation. On the whole, it is plain that in Dr. Bombin's opinion resorcin is a very valuable local application for chronic tertiary ulcerations, exerting on them a distinct curative action, but that the value of the drug when taken internally is doubtful, and that, as a local application, in most cases it is not superior to carbolic acid as a disinfectant, save that it has less smell, and is more soluble in water, ether, and alcohol. [For an account of resorcin and its allies, see *British Medical Journal*, Vol. ii., p. 944.—*Rep.*]

Walter Pye.

1052. *Bozzolo on the Action of Iodoform in Diabetes Mellitus.*—Researches made in the clinic of Prof. Bozzolo in two cases of diabetes proved that iodoform in elevated doses of 1 to 2 grammes diminishes the elimination of sugar and the quantity of urine; it lessens the number of the red corpuscles and the hæmoglobin, and diminishes the arterial tension. Bozzolo insists on the fact of the antagonistic action between iodoform and glucose on the organism. The first lowers the arterial tension and generally lessens the quantity of urine. Glucose augments the arterial tension (Albertoni) and the quantity of urine.

1053. *Semmola on the Use of Glycerine in Acute Fevers.*—Semmola recommends the following drink in acute fevers: Glycerine, 30 grammes (℥j.); citric or tartaric acid, 2 grammes (gr. 30); water, 5 av. grammes (1 lb.); 20 to 30 grammes (℥v to ℥j), to be taken every hour. Glycerine is useful as a combustible aliment, and serves to prevent the waste of the body. With this scope it is more convenient than alcohol, which is to be feared from its exciting action on the brain.

1054. *Scarpari on Parenchymatous Injections of Tincture of Iodine in some Forms of Bronchocele.*—This treatment is applicable in bronchocele from simple hypertrophy of the thyroid gland, and in the cystic and colloid forms. All other forms necessitate surgical treatment. Scarpari (*Gazz. Med. Ital. Prov. Venete*) gives the history of eight cases treated by parenchymatous injections of tincture of iodine. The strong tincture should be used. Ten to fifteen

drops should be tried first. The tumour being held fast, the needle of the hypodermic syringe should be pushed into the substance of the gland, taking care to avoid the superficial veins. On withdrawing the needle the puncture should be compressed with the finger, to prevent bleeding or escape of the tincture, then covered with a bit of plaster, and a wet bandage put on. This treatment never caused any untoward symptoms, either of inflammation or hæmorrhage; and Scarpari has injected as much as 100 drops at one time. The injection should be repeated daily in increasing doses for fifteen or twenty days. The gland becomes harder, and it is more difficult to introduce the fluid. In a month or thereabouts, large goîtres disappear entirely.

G. D'ARCY ADAMS, M.D.

1055. *Cook on the Influence of Drugs on the Excretion of Urea and Uric Acid.*—Mr. E. A. Cook, in the *Brit. Med. Jour.*, May 1883, p. 857, records some experiments on the excretion of urea and uric acid. The first mentioned is the influence of a close atmosphere on the excretion of uric acid, where it is shown that the effect of such was to produce a large increase in the amount of urea excreted and a still larger excess of uric acid. The influence of extract of meat on the excretion of uric acid and urea was also tried, and resulted in showing that half an ounce of Liebig's extract of meat increased the quantity of uric acid in a marked degree. The author refers to an article in the *Practitioner*, November 1881, by Dr. R. Neale, where the composition of beef-tea is shown to be analogous to that of urine. Further experiments were made on the action of spirit of nitrous ether, which resulted in the author stating that nitrous ether is in no sense a diuretic by itself, nor a diaphoretic, and that it has a tendency to increase the amount of uric acid eliminated.

1056. *Bradbury on a Case of Diabetes treated with Codeia.*—Dr. Bradbury, in the *Brit. Med. Jour.*, May 1883, p. 864, details a case which he brought before the Cambridge Medical Society, of a man aged 69, who had been passing an excessive quantity of urine for about two and a half years. He suffered from darting pains in the limbs and giddiness; there were also signs of cataract in both eyes. Patellar reflex was absent. The specific gravity of urine was 1,037, with a large quantity of sugar in it. Half a grain of codeia was given daily, and in seven days the daily average of urine was reduced from 52 to 48 ounces. The dose was then increased to a grain, and the quantity came down to 45 ounces in ten days. For the next six weeks the dose was increased to 1½ grain, and the urine was reduced to 40 ounces; then 2 grains were given daily, bringing the quantity of urine down to 33 ounces. The pains were much less violent, the sight improved slightly, but the gait did not improve. In the discussion which followed, Dr. Bradbury said that a close relationship might exist between gout and glycosuria, and these cases usually ran a somewhat protracted course quite different from the diabetes occurring in young persons in whom there was no gouty history. [That codeia possesses undoubted powers in the treatment of many cases of diabetes, a reference to section 341 : 1 of the *Medical Digest* abundantly proves.—*Rep.*]

1057. *Phillips on Exophthalmic Goître Treated with Duboisinia.*—Dr. Phillips, in the *Brit. Med. Jour.*, May 1883, p. 958, notes the case of a woman, aged 39, who had a large goître, exophthalmos, much palpitation, a systolic *bruit* in the pulmonary area, and œdema of the legs. She was ordered $\frac{1}{120}$ grain of duboisinia sulphate three times a day. The treatment was continued for more than four months, and the patient improved considerably. There was still some palpitation, only a very little prominence of the eyes, but her nervous system was greatly improved. She, however, was troubled with some relaxation of the bowels, and complained that the medicine made her tipsy and sleepy.

1058. *Brown on Paraldehyde.*—Mr. John Brown, in the *Brit. Med. Jour.*, p. 956, gives a short note on his experience in the use of paraldehyde. The dose as a hypnotic is from 30 to 50 minims. It produces sleep in a few minutes after taking it, the effect lasting from three to seven hours. It produces no headache, no constipation, nor gastric derangement. In one case, it caused a slightly depressant effect on the heart. If the patient were disturbed during the sleep, the tendency to sleep left. In some cases it causes a peculiar burning taste in the mouth the following morning; the breath smells of the drug for some hours. It is not superior to chloral in its action, it costs ten times as much, and requires a larger dose. It is almost insoluble in water, and makes rather a large draught. There does not seem much probability of its coming into general use.

1059. *Sanctuary on Nitrite of Amyl in Uræmic Asthma.*—Dr. Sanctuary, in the *Brit. Med. Jour.*, May 1883, p. 956, refers to a note of Dr. Sheen's in the *Journal* for April 28, and mentions a case where he was called in to see a patient who for a long time had been the subject of gout, chronic Bright's disease, and albuminuria, with occasional attacks of asthma and pulmonary œdema. On one occasion, when suffering from a severe attack of asthma, Dr. Sanctuary made the patient inhale nitrite of amyl, from which he obtained great relief for many days; he died, however, shortly afterwards from a sudden attack of asthma; being alone, he was unable to reach the nitrite, or his life might have been prolonged.

1060. *Granville on Habitual Constipation.*—Dr. Mortimer Granville, in the *Brit. Med. Jour.*, May 1883, p. 1,001, gives three prescriptions for cases of habitual constipation. Where there is a lax and torpid condition of the muscular coat of the intestine, the following is recommended: ℞ sodæ valerianatis, gr. xxxvj.; tinct. nuc. vom., ʒj.; tinct. capsici, ♏ xlviij.; syrupi aurantii, ʒjss.; aq. ad ʒvj.; ʒss. in water half an hour before meals. Where there is a deficiency of glandular secretion throughout the intestine the following is useful: ℞ Aluminis, ʒiij.; tinct. quassiæ, ʒj.; infusi quassiæ, ad ʒviij.; ʒj. after meals. A third form of constipation, which depends chiefly on interruption of the natural habit of periodic discharge, is benefited by directing a regular attempt to go to stool, and to take the following draught the first thing after rising from bed. Ammon. carb., ʒj.; tinct. valerianæ, ʒj.; aq. camph. ad ʒvj.; take a sixth part as directed.

1061. *Brown on Cannabis Indica in Menorrhagia.* Mr. John Brown, in the *Brit. Med. Jour.*, May 1883, p. 1,002, confirms in some particulars, Dr. Oliver's experience on the use of cannabis Indica. It requires careful usage, as in small doses marked physiological results may be produced. Five minims is the largest dose that should be given at first. In cases of menorrhagia its action is most marked, but its *modus operandi* is not explained. The following prescription is recommended: ℞ Tinct. cannabis

Indicæ ℿxxx., pulv. tragac. co. ʒj., spirit. chlorof. ʒj., aq. ad ʒvj. A sixth part to be taken every three hours. A few doses are sufficient to produce a marked effect. [The vast value of cannabis Indica in menorrhagia has been long known. In 1856, the reviewer of Dr. West's work drew attention to the fact; and Dr. Silver, in the *Medical Times and Gazette*, July 1870, gives a series of cases illustrative of its efficiency. *Vide* 'Medical Digest,' section 1149 : 5.—*Rep.*]

1062. *Hassall on Antiseptic Inhalations in Phthisis and other Lung-Diseases.*—Dr. A. Hill Hassall, in the *Lancet*, May 1883, p. 765, communicates a series of experiments which he made with a view to test the efficacy of antiseptic inhalation in cases of phthisis and other diseases of the lungs. With reference to phenol, commonly known as carbolic acid, experiments showed that at ordinary temperatures the volatility of phenol is extremely slight, and that the quantity inhaled was far too small to exercise any marked effect in the alleviation of phthisis. Creasote is slightly more volatile than phenol, but the quantity inhaled is small, as in the case of phenol. With thymol, the conclusions arrived at were much the same. The last antiseptic of which trial was made was iodine. In iodine we have really a volatile agent, and it might be presumed that it made its way into the lungs; but experiment showed that it is changed by the saliva and mucus of the mouth and throat into an iodide, whereby it loses entirely its antiseptic properties. The fact of iodine being changed into an iodide also shows how useless it is to administer free iodine as a medicine. Dr. Hassall is continuing his observations, but has so far come to the conclusion that the most practical method of accomplishing antiseptic inhalation satisfactorily is by means of an inhalation chamber. Such a chamber is to be constructed at San Remo, so as to be ready for the use of patients during the ensuing winter.

1063. *Williams on the Treatment of Diabetes Insipidus by Ergot.*—Mr. Hammond Williams, in the *Lancet*, May 1883, gives a few notes on two cases of diabetes insipidus which he treated with large doses of ergot. In one case, two drachms of the fluid extract of ergot were given three times a day, together with digitalis. Under this treatment, in three weeks the quantity of urine excreted fell from 280 to 140 ounces per day, and in another month to 80 ounces. In the second case, the daily quantity of urine was reduced from 300 ounces to 70 ounces in twelve weeks.—[Since Dr. Murrell recommended a trial of this drug in the *Brit. Med. Jour.*, May 1880, p. 693, several observers have spoken in its favour.—Vide *Lancet*, May 1882, p. 686; *Med. Times and Gaz.*, April 1882, p. 296. Dr. Carter failed to derive any benefit from its use.—Vide *Med. Times and Gaz.*, Dec. 1882, p. 755.—*Rep.*]

1064. *Allbutt, Eddison, and Churton on Chorea Treated with Large Doses of Succus Conii.*—In the *Lancet*, May 1883, p. 905, notes are given on three cases of chorea treated at Leeds General Infirmary with large doses of succus conii. The first case, a lad aged 16, was given half an ounce of the succus conii every three hours, but it was not continued for more than three days: he was then put on the solution of arsenic (twelve minims three times a day), and was discharged much improved in a few weeks. The second case occurred in a girl aged 19, in whom nothing seemed to quiet the movements, except half-ounce doses of the succus given at intervals of four hours, and afterwards three times a day. The third case, a woman aged 22, improved rapidly when the dose was increased to half an ounce every two hours. These cases tend to show that if we wish to secure success from the use of succus conii, we must give it in large doses, and to maintain its action the dose must be repeated at short intervals. The uncertainty of the action of various specimens of the succus necessitates its very careful administration.—Vide *Medical Digest*, Section 1295 : 2.

1065. *Hay on the Chemical Nature and Physiological Action of Nitro-Glycerine.*—Dr. Matthew Hay, in the *Practitioner*, June 1883, contributes a paper on the physiological action of nitro-glycerine from a consideration of its chemical characters. In its relations to the organism this substance behaves in a manner exceedingly like that of a nitrite; there is a remarkable resemblance between the action of nitro-glycerine, nitrite of potassium, and nitrite of amyl. They all differ, however, in the intensity of their action. About 1 minim of a 1 per cent. alcoholic solution of nitro-glycerine has the same action as 3 grains of nitrite of sodium on the pulse. Tracings are given of the pulse-wave under the influence of the respective drugs, and a third tracing is given showing the effect of a further dose of 6 grains of nitrite of sodium; the curve produced demonstrates extremely well the characteristic pulse of nitrite of amyl. Having shown that the physiological and therapeutical action of nitro-glycerine, nitrite of potassium, and nitrite of amyl, is apparently the same for each, the suggestion occurs that they contain some substance in common to whose presence their characteristic action is due. Nitrous acid is common to nitrite of potassium and nitrite of amyl, and by decomposing nitro-glycerine with potash, Dr. Hay obtained abundant evidence of the presence of nitrous acid, and by a careful series of experiments he found that, in the course of the decomposition of nitro-glycerine by an alkali, two-thirds of its nitric acid are reduced to nitrous acid and unite with the alkali to form a nitrite, whilst the remaining third is set free without reduction, and forms nitrate of potash. Continuing his investigations further, the author showed how the alkaline constituents of the blood and other alkaline fluids of the body were able to produce this decomposition; and again, that not only is nitro-glycerine decomposed by the blood with the formation of nitrous acid, but the nitrous acid is used up by the blood for the oxidation of some of its constituents, especially of its haemoglobin, and in the same manner apparently as a nitrite oxidises the blood. Nitro-glycerine is not changed by the acids of the stomach as a nitrite is, and therefore acts more powerfully.

1066. *Brannigan on Prolonged Suspended Animation, due to Atropia injected Hypodermically.*—Dr. Brannigan, in the *Med. Times and Gaz.*, May 1883, p. 581, reports a case of prolonged suspended animation occurring in a man who came to him in a state of incipient delirium tremens, and to whom he gave a hypodermic injection of four minims of Squire's solution of morphia and atropine. This was administered at 3 P.M.; and at 6.45 P.M., Dr. Brannigan found his patient quite senseless, the face livid, jaws clenched, and pupils widely dilated. There were no signs of respiration or pulse, and the man seemed quite dead. Whilst waiting for a magneto-electric battery, artificial respiration was carried on, and at a quarter past seven, the battery was applied over the

left phrenic and pneumogastric nerves. At 8.15 P.M. the heart began to beat feebly, and in a few seconds there was a slight shallow inspiration. At 8.30 the pulse was 120, and the respirations one to the minute. It was then decided to inject ten minims of liquor ammoniæ fortior into muscles of the thigh; this in a short time increased the respirations to 7 per minute. At 9 30 P.M. the respirations were nine per minute, at 10.30 the patient remained much the same, but at 1 A.M. he opened his eyes, and was conscious of those around him. The patient was ill for many days, and had a severe attack of delirium with high temperature, making it possible that he was suffering from some fever, especially as servants of the patient had typhus fever just about this time.

1067. *Alexander on Prolonged Suspension of Vitality due to Atropia Injected Hypodermically.*—Dr. Alexander, in the *Med. Times and Gazette*, May 1883, p. 582, reports a case of a woman, aged 37, who had been operated on for an enlargement of the left ovary. At noon, four days after the operation, she became very excited, and disturbed the dressings of the wound, so 12 minims of the hospital solution of morphia and atropine were injected. This represented $\frac{2}{3}$ grain of morphia and $\frac{1}{40}$ grain of atropine. At one o'clock she became livid, and a nurse injected another 5 minims of solution before the house-surgeon arrived. When he came he injected ammonia, gave brandy-enemata, used artificial respiration, and applied electricity without effect. At 4 P.M. the nurse was laying the woman out, but Dr. Alexander came in and determined to proceed with artificial respiration, galvanism, frictions. Up to 5.30 P.M. only a spasmodic breath every quarter of an hour and a feeble beat of the pulse every now and then could be detected. At 7 P.M. a nurse poured some coffee into the patient's mouth, and she suddenly fell back as if dead, but by turning her over on her side she was made to vomit. By nine o'clock the respirations were beginning to be more frequent, and the pulse stronger; she soon became conscious after this, and recovered perfectly. RICHARD NEALE, M.D.

1068 *Nelson on Veratrum Viride in Typhoid Fever.*—Dr. A. W. Nelson publishes the results of his treatment of typhoid fever by small repeated doses of veratrum viride (*Archives of Medicine*, April 1883). He has administered this drug in every case of the disease occurring in his practice during the past decade, and has not lost a case. He states that under its influence the pulse and temperature are lowered and held within the limits of safety, the danger of intestinal hæmorrhage is reduced to a minimum, and convalescence is not unfrequently established at the end of the second week. The dose given was one or two drops of the officinal tincture every hour.

OBSTETRICS AND GYNÆCOLOGY.

RECENT PAPERS.

1069. ALLOWAY.—On the Treatment of Puerperal Septicæmia. (*Canada Medical Record*, 1883.)

1070. LEBERT.—Bromide of Ethyl during Labour. (*Lyon Medical*, 1883.)

1071. RICHARDSON.—*Post Mortem* Examination in Porro's Operation. (*American Journal of Medical Sciences*, January 1881.)

1072. KÜSTNER.—Cystitis in Women. (*Deutsche Med Wochensch.*, May 16.)

1073. TOLOCHINOFF, N. F.—On a Case of Central Rupture of the Perinæum. (*Vratch*, 1882, No. 25, pp. 403-4.)

1074. KRASSOWSKI, A. T.—On a Case of Extra-uterine Pregnancy interrupted in the Fourth Month by means of Puncture through the Vagina. (*Vratch*, 1882, No. 24, pp. 387-8.)

1075. WILSON, H. P. C.—A Case of Hysterectomy with a New Clamp, for the Removal of Large Uterine Tumours. (*Amer. Jour. of Obstet.*, April 1883.)

ART. 1069. *Alloway on Treatment of Puerperal Septicæmia.*—Dr. Alloway has treated three cases of puerperal septicæmia by the introduction into the uterine cavity of iodoform suppositories. He refers to the care and anxiety which such cases give to the medical man, the frequent visits necessary if the ordinary method of repeated intra-uterine injections is followed, as in general practice the assistance obtained is rarely skilled enough for this. The advantages of iodoform in general surgery were now fully recognised, and it occurred to him that they might be extended to the treatment of the raw placental surface, and to the lacerations and bruises of the passages. The site of a separated placenta had been well compared to the stump of a limb after amputation. With this remedy there were not only the advantages of a topical action, but, applied in the manner directed, the effect was continuous, and the vapour, or whatever it was, given off permeated to all parts. Too often with injections the superficial parts were cleansed, and in an hour or so, unless repeated, the discharges were again fœtid. Dr. Alloway believes that with iodoform the intra-uterine cavity could be more effectually disinfected in these cases than with the ordinary solutions, and that the trouble of constant injections was completely obviated. The author refers to the current views on septicæmia, particularly to the formation of a virus by the bacteria in the decomposing discharges, and suggests that if, as Binz has shown, the iodoform controls the activity of the protoplasm of the colourless blood-corpuscles, it may do the same with the bacteria. In carrying out the treatment he used a Sims' speculum, washed out the uterus first with plain or carbolised water, and then with a tent-insertor passed the suppository far up into the fundus. He used them of the strength of ten, fifteen, or twenty grains, and usually introduced one night and morning. No poisonous effects had been noted.

1070. *Lebert on Bromide of Ethyl in Midwifery.*—M. Lebert has been extensively administering ethyl bromide during parturition. In cases of natural labour, he states that it is of much value on account of its harmlessness and satisfactory action. It decreases, and finally suppresses, the pains, and at the same time it has no injurious action on the contractile power of the uterus nor on the life of the child. M. Lebert has found that the second stage of labour is considerably shortened under the influence of the drug, and that in this way the necessity for operative manipulations is frequently obviated. Unlike chloroform, the bromide of ethyl in Lebert's experience tends to counteract any disposition to *post partum* hæmorrhage, and to hasten the recovery of the patient in the puerperal state.

1071. *Richardson on a Case of Post Mortem*

Examination in Porro's Operation.—The patient, L. E., was operated upon Sept. 22, 1880, for removal of a living child from the uterus by Cæsarian section, as modified by Porro and Müller. The immediate results of the operation were in every way favourable. The child was living and the mother made a speedy recovery. She died in New York city on Feb. 24, 1883, two years and five months after the operation. She had been for two years previously to her death at times an invalid, and was under Dr. Richardson's care for attacks of acute rheumatism and anæmia, to which her life of hardship and exposure as an exhibiting curiosity rendered her peculiarly liable. The more recent symptoms observed in her last illness were nephritic. The *post mortem* examination ten hours after death was made by Drs. Richardson, Satterthwaite, and Hegeman. Inspection of the body showed the long bones of the extremities to be deformed, as in rachitis. General anasarca was present. The cicatrix left by the abdominal incision extended from one inch and a half above the umbilicus to three-quarters of an inch above the symphysis pubis. The cicatrix between the umbilicus and hernia was occupied by a large hernia. The liver was hob-nailed. No adhesions between the cicatrix and subjacent structures could be detected, except at the lower angle of the wound. It was at this point that the stump of the uterus had been fixed, in a manner similar to the disposal of the pedicle in ovariotomy. A fibrous band was found, extending from a depression in the abdominal wall at this point to a body consisting of the remains of the uterus. This body, which occupied nearly the normal position of the cervix uteri, except that it was displaced somewhat anteriorly, presented the following characteristics. The extreme length of the stump was 4·75 centimètres; vertical thickness, 2·5 centimètres; its breadth, 1·5 centimètres. On attempting to pass an uterine probe into the os externum, it was found to enter with difficulty, though the cervical canal was capable of admitting a No. 10 English sound. The mucous membrane was coated with a deposit of white, thick, gelatinous material, and was intact for a distance of 3·5 centimètres. No naked-eye evidences of cicatricial tissue were made out at the amputated extremity of the neck. The superior strait measured in the conjugate diameter 2 inches; transverse diameter, 4½ inches; oblique diameter, 4⅝ inches. The pelvis was a rachitic one. The sacrum was at its upper part dislocated, and pressed downwards and forwards into the pelvic cavity, while the lower extremity, being held by the ligaments to the ischia and pubic bones, caused a sharp bending forward of the last three vertebræ of the sacrum. This deformity implied abnormal softness and pliability of the bone, at a time when the individual was of sufficient age to either sit or stand erect. The shape of the superior strait was obtusely cordate.

Fancourt Barnes, M.D.

1072. *Küstner on Cystitis in Women.*—Professor Küstner, of Jena, communicates a paper to the *Deutsche Med. Wochensch.*, May 16, 1883, on the prophylaxis and treatment of cystitis in women. He considers that a great many cases of cystitis are caused by the transfer of septic material by means of the catheter from the vulva into the urethra, and strongly urges that on this account catheterisation should never be carried out by the touch only, but always with the aid of sight. It should also be made a rule to have the vulva carefully cleansed before the catheter is used. The next important point is to have a perfectly clean instrument; and Professor Küstner considers that impossible with the form generally used. Even when a brush is used to clean it, and it is boiled in water and disinfected with carbolic solution, a surprising amount of material—more or less septic—may be found adhering close to the eye, which the brush cannot reach even when the extremity of the catheter is perforated. Küstner recommends the use of a simple straight glass tube, of the size of an ordinary catheter; the opening which is to be introduced into the bladder being bevelled, so as to make it as large as possible. The curve in the usual female catheter does not correspond to the course of the urethra, which has been found—by vertical sections in the dead body—to be straight, or at the most very slightly S-shaped, never C-shaped, so that the straight tube is quite suitable. Such catheters have been used for months in Professor Küstner's clinic, and no case of vesical catarrh has occurred since their introduction, although some patients after severe operations have been catheterised from twenty to forty times. The bevelled end is ground very smooth indeed, and the slightest chip in the edge must be the sign that a new instrument must be immediately procured. In the treatment of vesical catarrh, the local—the washing out of the bladder—is the best, except in the so-called rheumatic catarrh. The ordinary instruments used for this purpose—whether a double-current catheter, or a T-tube with India-rubber tubing attached—are not sufficient for thorough irrigation and the removal of lumps of mucus, &c. Küstner recommends a glass tube like his catheter, with a funnel at one end, into which a hollow stopper—communicating with the tube of the irrigator—fits, through which the fluid passes. When the bladder is full the stopper is removed, and the fluid escapes; and this may be repeated until one or two litres have passed through the bladder. Küstner used to employ weak carbolic solutions for irrigation; but he now uses only sublimate solution (1 in 5,000), and does not give more than two washings in a day. He has cured severe cases of septic cystitis in two weeks. The funnel and stopper are figured full size in the paper, and they may be obtained from the instrument-maker—Otto Kloppe, Johannisplatz, Jena.

Alice Ker, M.D.

1073. *Tolochinoff on a Case of Central Rupture of the Perinæum.*—In the *Vratch*, No. 25, 1882, Professor N. F. Tolochinoff, of Kieff, furnished details of the case of a primipara, aged 20, with extreme narrowness and rigidity of the vaginal entrance, in whom there suddenly occurred a central rupture of the perinæum, about the size of a shilling piece. Any further lesion was prevented by lateral incisions into the vaginal opening, and by Ritgen's manipulation—that is, by introduction of two fingers into the rectum, and pushing the fœtal head upwards and forwards in the direction of the vaginal orifice. On the ninth day after the labour, the rupture completely healed. The author points out the advantages of Ritgen's method, while he regards Spiegelberg's plan (of using forceps when a rupture began to be formed) as entailing too dangerous loss of most precious time.

1074. *Krassowski on a Case of Extra-uterine Pregnancy, &c.*—Professor A. I. Krassowski records (*Vratch*, 1882, No. 24) an interesting case of extra-uterine pregnancy which he successfully

interrupted by means of paracentesis through the vaginal fornix. The patient, aged 23, had two normal labours. Her third pregnancy was recognised as extra-uterine by Dr. I. F. Smolensky, who based his diagnosis chiefly on the presence of a gradually growing, moderately movable, painless, ovoid tumour felt in the lesser pelvis through the left half of the vaginal fornix as well as through the thin abdominal wall. From the rather enlarged but empty womb, the tumour was separated by an interspace of a finger's breadth. Having been called to the patient, the author confirmed Smolensky's diagnosis. He found also that the swelling consisted of two distinct parts: the anterior (nearest to the abdominal wall) solid, and the posterior soft and fluctuating. The late Professor M. I. Horwitz and Dr. V. N. Etlinger, consulted by the author, agreed with him in regard both to his view of the case (tubo-ovarian pregnancy about the end of the fourth month), and to the urgent necessity of arresting the further course of pregnancy. Accordingly a long curved trocar, as large as a raven's quill, was plunged into the fluctuating part of the tumour. About three and a half ounces of a clean transparent fluid escaped, the last portions being tinged with blood. No untoward symptoms followed, except that, from the third to the tenth day after the operation, there was observed some oozing of dark thick blood from the uterus. A month later, quite normal catamenia appeared. The tumour began to shrink and to become denser, more uneven, and more movable. Two months after the operation its size was only a half of the former bulk. The general state of the patient remains quite satisfactory. Professor Krassowski joins Spiegelberg, Schröder, Fränkel, and others in recommending puncture of the ovum in every case of suspected tubal or tubo-ovarian pregnancy.

V. IDELSON, M.D.

1075. *Wilson on a Clamp for the Uterine Pedicle after Hysterectomy.*—Dr. H. P. C. Wilson, Surgeon to the Hospital for the Women of Maryland, contrived a new form of clamp for one case under his care a year ago; he believes that his new clamp will be suitable for all cases of hysterectomy. It consists of two steel crossbars five inches long, oval in shape, and without any angles, made to rest comfortably upon the abdominal walls, across the abdominal incision, so as to support the stump of the tumour which is securely held by an écraseur chain. The upper bar is straight, and the chain plays through it, passing in and out of two apertures. The lower bar forms the arc of a circle, and is also perforated, like the upper bar, to admit the ends of the chain. Two screw-locks fix each end of the chain tightly by means of a key, after the pedicle has been secured, a handle, with the usual contrivance for tightening the chain, being fitted on to the lower border of the lower bar, immediately below the screw-locks when the chain is being adjusted. A single needle, six inches long, is made to transfix the pedicle below the clamp. Dr. Wilson found the chain very manageable. The only case, however, in which he has employed it, was a very severe one, with vesical, mental, and hepatic adhesions; the tumour weighed over fifty pounds, and the patient died on the fourth day after operation. The pedicle was six inches in diameter. It became very fœtid in spite of numerous precautions. It seems doubtful that a chain can compress a pedicle as well as the stout wire worked of a Koeberlé's clamp. ALBAN DORAN.

DERMATOLOGY.

RECENT PAPERS.

1076. VERNEUIL, A., and P. MERKLEN.—Cutaneous Eruptions dependent on Malaria. (*Annales de Dermatologie et de Syphiligraphie*, Vol. iii., No. 11, and Vol. iv., No. 1.)

1077. AUBERT, P.—Axillary Hyperidrosis in Naked Persons. (*Ibid.*, Vol. iii., No. 12.)

1078. BESNIER.—Poisoning by Pyrogallic Acid used in the Treatment of Psoriasis. (*Ibid.*, Vol. iii., No. 12.)

1079. CATTANI.—Resorcin in Cutaneous and Venereal Affections. (*Giornale Ital. delle Mal. Ven. e della Pelle*, 1882, p. 35. Abstract by Jullien, *Ibid.*, Vol. iv., No. 1.)

1080. AUBERT.—On the Treatment of Lupus. (*Ibid.*, Vol. iv., No. 3.)

1081. PETERS.—The Treatment of Leprosy. (*Edin. Med. Jour.*, March 1883.)

1082. KÖBNER.—A Case of Generalised Sarcoma of the Skin Cured by Subcutaneous Injections of Arsenic. (*Berliner Klin. Wochensch.*, No. 1, 1883.)

1083. PIFFARD.—Psoriasis after Vaccination. (*Jour. of Cutaneous and Venereal Diseases*, Vol. i., No. 4.)

1084. FOX.—Treatment of Lupus Erythematosus. (*Ibid.*, Vol. i., No. 5.)

1085. WOOD.—Psoriasis and other Diseases associated with Vaccination. (*Ibid.*, Vol. i., No. 6.)

1086. ROBINSON.—Erythema Diphtheriticum. (*Ibid.*, Vol. i., No. 7.)

1087. FOX, G. H.—The Treatment of Urticaria. (*Ibid.*, Vol. i., No. 7.)

1088. PURDON, Henry S.—Keloid following Psoriasis. (*Ibid.*, Vol. i., No. 7.)

1089. PICK.—Therapeutic Use of Medicated Gelatine in Skin-Diseases. (*Monatshefte für Praktische Dermatologie*, Vol. ii., No. 2.)

1090. LASSAR.—Salicylic Paste. (*Ibid.*, Vol. ii., No. 4.)

1091. DOUTRELEPONT.—Tubercle-Bacilli in Lupus. (*Ibid.*, Vol. ii., No. 6.)

1092. ANDEER.—Resorcin in Anthrax. (*Ärztl. Intelligenzbl.*, Jan. 2, 1883; Abstract, *Ibid.*, Vol. ii., No. 6.)

1093. KAPOSI.—Xeroderma Pigmentosum. (*Wiener Med. Jahrb.*, 1882, p. 619.)

1094. NEISSER.—Xeroderma Pigmentosum (Kaposi), Liodermia Essentialis cum Melanosi et Teleangiectasi. (*Viertelj. für Derm. und Syphilis*, 1883, Heft 1.)

1095. MAJOCCHI.—Experiments with Croton-Oil in Tinea Tonsurans. (*Congress Ital. Med. Assoc.*, 1882.)

1096. MAJOCCHI.—New Mycological Researches on Area Celsi. (*Ibid.*)

1097. KOENER, H.—Cure of Diffused Sarcoma of the Skin by Subcutaneous Injection of Arsenic. (*Berliner Klin. Wochensch.*, Jan. 8.)

1098. AUFRECHT.—Micrococci in Internal Organs through Inflammation of the Umbilical Vein of a Newly Born Child. (*Centralblatt für die Med. Wiss.*, April 21.)

1099. ALBERT.—Elephantiasis Arabum Treated with Elastic Bandages. (*Wiener. Med. Blätter*, No. 7.)

1100. CZOKOR.—A Peculiar Cutaneous Disease in Birds. (*Wiener Med. Blätter*, March 30.)

1101. JULER.—Palmar Psoriasis. (*Brit. Med. Jour.*, Feb. 1883, p. 392.)

ART. 1076. *Verneuil and Merklen on Cutaneous Eruptions dependent on Malaria.*—The authors (*Annales de Derm. et de Syph.*, Vol. iii., No. 11, and Vol. iv., No. 1) cite a number of cases reported by different observers, and report cases which came under their own observation, in which urticaria accompanied manifestations of malarial disease. The conclusions at which they have arrived are these. Urticaria not

unfrequently accompanies the attacks of intermittent fever. It appears at the beginning of the hot stage, and disappears with the termination of the paroxysm. After a first attack of febrile urticaria, it is not uncommon to observe a fresh eruption with each attack of fever. Urticaria in intermittent fever is a complication without prognostic value. It accompanies slight as well as malignant cases, but it seems to increase the troubles of digestion and the nerve-disturbance in the cold stage. The eruption in intermitting fever seems to occur most frequently in rheumatic subjects. It may appear in malaria-stricken patients without attacks of fever in the form of masked fever, but simple intermittent urticaria and masked urticaria are generally confounded by authors. They are further of opinion that the urticaria is a direct manifestation of malarial disease, and that it results from the action of the poison on the vaso-motor nerves and on the lymphatic system.

1077. *Aubert on Axillary Hyperidrosis in Naked Persons.*—Few physicians accustomed to examine patients who are stripped can have failed to observe that an abundant hyperidrosis may take place under these conditions in the axillæ. Aubert, who has specially studied the matter, concludes that excessive secretion in the axillæ in naked persons is an almost constant phenomenon. In about a third of the subjects (men) submitted to observation the excessive secretion went so far as to produce a stream of sweat which flowed from the axilla down the internal surface of the arm and the wall of the thorax, sometimes running to the ground. The chief cause of the phenomenon seems to be the anatomical disposition of this region, which permits the temperature of the axilla to rise, whilst the temperature of the general surface of the body is lowered under the influence of external cold. The mean rise in temperature, measured by the thermometer in twelve experiments, was half a degree (Cent.). Something is also to be set down to the structure of the glands of the part. The mental effect produced on the patient by being stripped and examined may act as a secondary but subsidiary cause.

1078. *Besnier on Poisoning by Pyrogallic Acid used in the Treatment of Psoriasis.*—During the last few years, pyrogallic acid has been much and very successfully employed in the treatment of psoriasis, although the publication by Neisser of a fatal case through absorption has led to a certain caution in its use. Besnier now (*Annales de Derm. et de Syph.*, Vol. iii., No. 12) brings together four cases of absorption of the acid which are known to have occurred, two of them having ended fatally. Two of those cases occurred in the St. Louis Hospital; the other two having been observed by Neisser and Pick. No similar mischance has yet been observed by Kaposi, Neumann, or Auspitz. In all the four cases, the symptoms of poisoning developed suddenly and with great rapidity. In three, the strength used was ten per cent.; in one five per cent. In all of them the disease was of old date, and involved a large portion of the cutaneous surface. For the treatment of poisoning by pyrogallic acid, Besnier recommends repeated subcutaneous injection of ether, alcoholic stimulants, and inhalation of oxygen.

1079. *Cattani on Resorcin in Cutaneous and Venereal Affections.*—Cattani (*Giorn. Ital. delle Mal. Ven. e della Pelle*, 1882, p. 35; abstract by Jullien in *Annales de Derm. et de Syph.*, Vol. iv., No. 1) recommends solutions of resorcin in the treatment of wounds, burns, and scrofulous and syphilitic ulcerations. The healing effects are strongly shown by its actions on varicose ulcers. Pure resorcin immediately produces a white eschar.

1080. *Aubert on the Treatment of Lupus.*—Aubert (*Annales de Derm. et de Syph.*, Vol. iv., No. 3) relates that at the Hospital l'Antiquille, at Lyons, the actual cautery is still much resorted to in the treatment of lupus. The author himself prefers to use it when the disease is on parts of the body which are generally covered, or where a little additional size of the cicatrix is not important. He prefers it in such cases because the cure is quick, because it exposes less to relapse, and because the future condition of the cicatrix requires less careful watching. When the disease is on the face, he prefers the treatment by scarification.

1081. *Peters on the Treatment of Leprosy.*—The author (*Edin. Med. Jour.*, March 1883) had treated in India twenty-nine lepers; eighteen men and eleven women. The method consisted in daily frictions with carbolic acid (1 in 40), followed by soap and a warm bath. The ulcers were covered with cotton soaked in an emulsion of one part of gurjun oil in three parts of lime-water, the cotton being kept *in situ* by a bandage. Tubercles and anæsthetic parts were touched daily with cashew nut oil (*anacardium occidentale*) until ulceration was produced. The gurjun oil emulsion was then applied. Five minim doses of chaulmoogra oil were given with five-grain doses of bicarbonate of soda and an ounce of peppermint water, and this mixture was found useful as an alterative and tonic stimulant.

1082. *Köbner on a Case of Generalised Sarcoma of the Skin Cured by Subcutaneous Injections of Arsenic.*—Generalised sarcoma of the skin occurs very rarely. Professor Köbner's patient (*Berlin. Klin. Wochensch.*, 1883, No. 2) was a girl aged 8½. The tumours, which were exceedingly numerous, existed over the whole surface of the body, except the nose and abdomen. The tumours were bluish-red in colour, and mostly of the size of a lentil to a split pea. They were hard, and almost painless on pressure. The larger ones were of the size of a haricot bean. The lymphatic glands were swollen, and the liver and spleen were slightly enlarged. There was no fever, but there was a feeble appetite and generally defective nutrition. The diagnosis was confirmed by an examination of two tumours which were excised for the purpose. The treatment adopted was subcutaneous injection of Fowler's solution of arsenic, diluted with two parts of distilled water to one of the solution. A dose equivalent to 2½ to 4 drops of Fowler's solution was injected daily; and between September 12 and December 9, 8 grammes of Fowler's solution had been injected. It had been necessary occasionally to suspend the injections, so that in three months only fifty injections had been made. From December 10, the dose of Fowler's solution was raised gradually to 9 drops (diluted always in proportion). The result of the arsenical treatment was the gradual dispersion of the tumours, and the diminution of the enlarged lymphatic glands. Pigmented spots existed for some time over the seat of the tumours, and in November (1882) the skin had become pliant and smooth. Only on the legs there were some small papules of lichen pilaris, and a very few similar papules on the arms. All the cicatrices had become pale, and on the limbs in particular a great number had entirely disappeared.

1083. *Piffard on a Case of Psoriasis after Vaccination.*—Piffard exhibited (*Journal of Cutaneous and Venereal Diseases*, Vol. i., No. 4) to the Dermatological Society of New York the photograph of a female, aged 19, who had been vaccinated with bovine virus. Instead of a vesicle, there was a red raised patch. A few weeks later, small points of eruption appeared on various parts of the body, coming first on the backs of the hands and subsequently elsewhere. After twelve months, when she was seen by Dr. Piffard, isolated patches of typical psoriasis were observed on the arms, legs, and hips, most of them from a quarter to three-quarters of an inch in diameter. Dr. Robinson, who was present at the meeting, remarked that at the recent meeting of the American Dermatological Association he had reported a similar case.

1084. *Fox on the Treatment of Lupus Erythematosus.*—Dr. Fox, of New York (*Journal of Cutaneous and Venereal Diseases*, Vol. i., No. 5), recommends the following application as being useful in lupus erythematosus: Chrysarobin, 15 parts; salicylic acid, 10 parts; calamine, 5 parts; ether, 10 parts; flexible collodion, 60 parts.

1085. *Wood on Psoriasis and other Diseases associated with Vaccination.*—Dr. Wood (*Journal of Venereal and Cutaneous Diseases*, Vol. i., No. 6), after relating the histories of two cases, in one of which eczema, and in the other psoriasis, disappeared coincidently with vaccination, relates two others in which psoriasis developed after vaccination. The latter two patients were sisters of the patient (a man, aged 20) who lost his psoriasis after being vaccinated, and therefore presumably belonged to a psoriatic family. They were aged respectively eight and nine years, and had had previously no sign of psoriasis. In the spring of 1882 they were vaccinated with bovine virus of the same stock as that used in the other cases. With the subsidence of the vaccine disease, each one of these girls had an eruption of psoriasis, which has now lasted nearly a year.

1086. *Robinson on Erythema Diphtheriticum.*—Dr. H. Robinson (*Journal of Cutaneous and Venereal Diseases*, Vol. i., No. 7) remarks that erythema may appear on the skin in diphtheria under two conditions; either in the early stages of the disease, or at a later period in some cases of severe blood-poisoning. In the early eruption, sometimes at the commencement of the diphtheria, sometimes as late as the second or third day, a diffuse erythematous rash of variable extent appears upon the skin. It may occupy only a portion of the trunk or extremities, or it may cover the greater part of the body. When appearing as patches of limited extent, it is seen most frequently upon the anterior surface of the thorax or abdomen, though it is frequently present upon the extremities. In colour, the rash is from a bright red to a pale red; the bright scaret-red of many cases of scarlatina is, however, rarely observed. In some cases the rash is not a diffused erythema, but presents a mottled appearance. The redness easily disappears upon pressure. If the eruption be limited in extent, the patches are of irregular outline, and not perceptibly elevated above the general surface. After the first few hours the eruption usually does not increase in extent; and, after existing twenty-four to forty-eight hours, it disappears, without being followed by desquamation. In a prognostic sense, it has no significance. In some cases of septic diphtheria, when the blood is poisoned by absorption from the diseased mucous membranes, an erythematous rash appears which presents many of the characteristics of erythema multiforme. It appears only when the diphtheria has already existed a few days, and its presence indicates that the system is more or less profoundly affected by the diphtheritic septicæmia. It is observed most frequently upon the extremities, but it may appear upon any part of the body. The eruption commences as pin-head sized or larger erythematous raised spots of a bright red or rose colour, which disappears on pressure. A large number of such spots may make their appearance simultaneously, or within a few hours, on the same or on different parts of the body. They all possess the same characters, are raised above the general surface, are sharply limited, and are of a red colour, which disappears upon pressure. Each spot soon continues to spread peripherally; and generally, after it has reached the size of a 3 cent. piece, becomes depressed or cyanosed, or paler in the centre. There are then successively erythema *annulare*, *gyratum*, and *figuratum*. In every case the eruption is elevated above the general surface, and the margin slopes to the normal skin. It does not itch or burn, and its disappearance is not followed by desquamation. Occasionally it leaves a slight brown pigmentation. In fatal cases, the eruption continues until death. The prognosis in these cases is grave.

1089. *Pick on the Therapeutic Use of Medicated Gelatine in Skin-Diseases.*—Professor Pick (*Monats. für Prakt. Derm.*, Vol. ii., No. 2) has found a solution of gelatine an excellent and convenient medium for the application of certain substances to the skin. A solution of gelatine is prepared, which is solid at the temperature of the human body, and the medicament is incorporated with the solution while it is warm. The gelatine solution is heated before being applied, and is painted over the affected parts whilst it is hot. As it cools, it forms a complete covering for the skin. The formula for chrysarobin-gelatine, which has been found valuable in psoriasis, is: ℞ Gelatinæ albæ siccæ, 50; aquæ dest., 100; solve in balneo aquæ et admisce sub assiduâ agitatione chrysarobini, 10; miscellam sepone; refrigeratum detur ad chartam ceratam. He has used the same medium as a constituent for salicylic acid, carbolic acid, pyrogallic acid, iodoform, and naphthol. He has most frequently used chrysarobin and pyrogallic gelatine in psoriasis; employing a 10 per cent. chrysarobin gelatine. The patient is first scrubbed with soft soap in a warm bath, and the gelatine is afterwards brushed on the psoriasis patches. After the gelatine has dried, a very small quantity of glycerine is passed over them. In severe cases this procedure is practised every alternate day; in milder cases twice or thrice a week suffices. The whole surface of the body can be treated at once without disadvantage. A 5 to 10 per cent. salicylic gelatine is useful in squamous eczema, and a 10 per cent. salicylic and carbolic gelatine as a palliative in idiopathic pruritus. In the same number of the *Monatshefte*, Dr. Unna and Herr Beiersdorf give tables setting forth a great variety of gelatine combinations, in which nearly all the substances used in the treatment of skin diseases find a place. Herr Beiersdorf (of Hamburg) has worked out the subject in a practical manner, and is ready to supply tablets of medicated gelatine prepared in accurate proportions. Dr. Unna points out that, after the

gelatine solution has hardened on the skin, a light muslin bandage may be applied with advantage.

1090. *Lassar on the Use of Salicylic Paste.*—Lassar (*Monats. für Prakt. Derm.*, Vol. ii., No. 4) recommends a paste for the skin in cases in which ointments are not borne, and more particularly recommends a salicylic paste in eczema. The advantage of the paste over ointment is its porosity. The formula is ℞ Acidi salicylici, 2 ; vaselin, 50 ; zinci oxidi, amyli, āā 25 ; M.; leniter terendo fiat pasta.

1091. *Doutrelepont on Tubercle-Bacilli in Lupus.*—Doutrelepont quotes (*Monats. für Prakt. Derm.*, Vol. ii., No. 6) Demme (*Berlin. Klin. Wochensch.*, 1883) to the effect that the latter observer in three cases of lupus had found tubercle-bacilli in lupus tissue in small numbers, partly distributed in the 'giant-cells.' His own observations were made on portions of tissue, excised and specially prepared for the investigation. Seven cases were examined : in five the tissue was taken from the face, in one from the leg, and in one from the mucous membrane of the nose. In all of them bacilli were found.

1092. *Andeer on Treatment of Anthrax by Resorcin.*—Unna (*Monats. für Prakt. Derm.*, Vol. ii., No. 6) gives an abstract of a paper by Andeer, who relates a case of a woman who contracted anthrax after sorting wool and horse-hair. On an inflamed base of the forearm, nine large pustules with papules and vesicles were found. The pus contained anthrax-bacilli. There were no further local affections observed, and although the patient fell ill there was little fever. Vaselin—containing at first 50 and afterwards 70 per cent. of resorcin—was applied, and after three days the diseased condition disappeared. The affected parts desquamated.

1093. *Kaposi on Xeroderma Pigmentosum.*—Kaposi in 1870, in the text-book of skin-diseases of which he was the author, jointly with the late Professor Hebra, described under the name *Xeroderma* a disease of which he had observed two examples. He now (*Wiener Med. Jahrb.*, 1882, p. 619) describes six additional cases of the disease, making in all eight cases, and he proposes to describe it more definitely as *Xeroderma Pigmentosum.* It is a disease of young persons, all the cases hitherto observed having occurred between the age of early childhood and eighteen years. In this sense it seems to be a congenital disease. Twice it occurred in two sisters. The essential features of the disease are pigmented spots intersected with skin free from pigment, a contraction of the surface of the skin, which is thin and not easily drawn up into folds, and teleangiectasis in the unpigmented parts. The face and extensor surfaces of the arms and legs are the parts first and chiefly affected. The tendency to epithelial carcinoma is very strong, which is the more remarkable when the youthful age of the patients is considered.

1094. *Neisser on Xeroderma Pigmentosum.*—Neisser (*Viertelj. für Derm. und Syph.*, 1883, Heft 1) reports a case of xeroderma pigmentosum associated with imbecility and carcinoma. He gives a table of all the cases hitherto published, amounting to twenty-seven in number, and accepts Kaposi's description in all essential particulars. He prefers the term *cum melanosi* to *pigmentosum*, because the pigment is of the melanotic kind, and not the pigment left by blood-extravasation. G. Thin, M.D.

1095. *Majocchi on Croton-Oil on Tinea Tonsurans.*—Dr. Majocchi (*Congress Ital. Med. Assoc.*), as the result of his experiments, concludes that tinea tonsurans, by experimental or accidental stimulation can be made to take on the later stage of kerion. The mycelial development of the fungus is the favourable condition for this metamorphosis. If kerion is the product of the mycelial form of the fungus, and if this represents a more perfect and later development of the same fungus, it follows necessarily that kerion must be preceded by another form of trichophytic mycosis, relative to the stage of development in which the fungus is found. Hence the error of those who deny the contagiousness of kerion, because the inoculation of hairs with this has not at once reproduced it in the same form. He shows that this is contrary to clinical observation and micrological fact. This leads him to this other conclusion, that kerion is not reproduced as kerion, but as mycosis tonsurans. He showed a case of kerion of the back of the hand, following tinea circinatus, treated with strong sulphur ointment. There is no difference between spontaneous kerion and that produced experimentally by croton-oil or other stimulant.

1096. *Majocchi on New Mycological Researches on Arca Celsi.*—Dr. Majocchi, in an interesting paper read before the General Congress of the Italian Medical Association, begins with the history of the discovery of the fungus by Gruby in 1843 ; he states that Prof. Manassei, in 1864, demonstrated the cryptogam (microsporon Audouini) to his class. He describes briefly the morphology of the microsporon, and says that it has two kinds of spores : first, large round shining spores 5 μ. (micromillimètres) in diameter ; and second, small round spores 2 μ. in diameter. He considers the first to be mother spores, *ascospores*, and the second to be *conidia.* He says that the sections made by him of the skin affected by the area (alopecia areata) have demonstrated for the first time the precise seat of the fungus ; he notes the importance of exact knowledge of the seat of the fungus in the hair-follicle, since the spores may infest the walls of the follicle without invading the sheath of the hair, so that the extracted hair may give a negative result to microscopical examination. He asserts that his researches prove the existence of a form of alopecia areata due to parasitism.

G. D'Arcy Adams, M.D.

1097. *Köbner on the Cure of a Case of Diffused Sarcoma of the Skin by Subcutaneous Injection of Arsenic.*—Dr. Heinrich Kobner relates (*Berliner Klin. Wochensch.*, Jan. 8) the case of a girl, aged 8, who presented a large number of hard nodules of a brownish-red colour, about the size of a split-pea, scattered in various parts of the body and limbs. These were not tender to pressure. One tubercle of a semi-transparent gelatinous aspect was seated on the right ala nasi. The chest, abdomen, and back, were free from nodules. On the thorax were many superficial cicatrices, the result of scalding. A great many of red-coloured nodules were to be seen on the flexor aspect of the upper and lower extremities as also on the hands and feet, excepting the palmar and plantar aspects. In March 1881, she was scalded with hot coffee on the neck, chest, and upper part of the abdomen. In April of the same year these nodules began to make their appearance on the cheek, nose, and extremities. In the following month she took Fowler's solution. The child was not seen again until Sept. 12, when a very great increase in the size and number of these morbid growths had taken place. Two small tumours

were excised from the arm, and showed microscopically the spindle-celled sarcoma of the skin and subcutaneous tissues, intermingled with round cells, fibrous stroma, and dilated vessels. Here and there in the mass would be seen a hair-follicle or a sweat-gland. Freshly diluted Fowler's solution was injected subcutaneously (one part with two of distilled water). From Sept. 12 to Dec. 9, eight grammes of the solution were thus administered in fifty-one injections. Up to this time very little change was observable in the growths. Afterwards a central depression appeared in some; others exhibited a dry firm scab on their surface. From Dec. 10 to Jan 17, 1882, the dose of the arsenical solution was increased to nine drops, and subsequently to twelve drops. The injection was performed on the glutei or between the spine and the scapula. From the date of Jan. 5 a general shrinking of all the nodules was observed. On Jan. 31 the injections were resumed, and by the end of February discoloured scars were the only trace of these deposits of sarcoma, and up to January of the present year no fresh tumour has made its appearance.

1098. *Aufrecht on Micrococci in the Internal Organs through Inflammation of the Umbilical Vein of a Newly-born Child.*—Dr. Aufrecht of Magdeburg (*Centralbl. für die Med. Wiss.*, April 21) relates that, in a child twelve days old, which had died with jaundice, he found very considerable thickening of the walls of the umbilical vein, from the umbilicus to the liver; the lumen of the vessel was not obliterated, but reduced to the size of a pin, and contained pus. Microscopically, nothing abnormal was seen in other organs. Microscopical sections of 0·02 millimètres were placed for from eight to ten minutes' time in a two per cent. aqueous solution of Bismarck-brown, then rinsed with alcohol, placed on a covering glass, and dried with filtering paper, a drop or two of oil of cloves having been added and then absorbed by filtering paper; the section was then put up in Canada balsam. Sections of liver thus prepared were examined. A great number of the liver-cells were of brown colour, filled with round granules, all of the same size and of a strikingly regular arrangement. They were found numerous outside the liver-cells, but were not arranged in regular figures. The same granules were abundant in the interlobular tissue, but were absent from the intralobular structure. In the spleen, these bodies were but sparingly distributed. They were still more sparse in the kidneys, where they were such within the intercellular tissue of the glomeruli. Considering, the author remarks, that these microscopic objects are not seen in acute hepatitis nor carcinoma of the liver; the uniform size of these granules, their linear arrangement, and the readiness with which they took the aniline dye, there can be very little doubt that they were micrococci in connection with inflammation of the umbilical vein. Dr. Aufrecht, however, goes a step further, and endeavours to show a relation between these and other known micrococci, tracing, in the present instance, their introduction by gonorrhœal infection, their passage from the maternal vagina into the umbilical vessels, giving rise to two separate disorders of one and the same organism — viz., gonorrhœa and hepatic disorder, thereby confirming the view that each species of bacteria is not the cause of any one single disease, but that different diseases may be caused by a single variety of bacteria. W. B KESTEVEN, M.D.

1099. *Albert on Elephantiasis Arabum, treated by Elastic Bandage.*—At a meeting of the Imperial and Royal Medical Society of Vienna, on Feb. 9 (*Wiener Med. Blätter*, No. 7, 1883), Professor Albert showed a case of elephantiasis Arabum of the leg, which had been treated since Jan. 5 with elastic bandages, and where the circumference had fallen to the following extent:— Under the knee, from 71 centimètres (28 inches) to 20 centimètres (nearly 8 inches); the greatest circumference of the calf, from 85 centimètres (33½ inches) to 32 centimètres (nearly 13 inches); round the ankle, from 83 centimètres (32½ inches) to 29 centimètres (11½ inches). Walking had been rendered much easier, and for the last few days there had been no further diminution in size.

1100. *Czokor on a Peculiar Cutaneous Disease in Birds.*—At a meeting of the Imperial and Royal Medical Society in Vienna, on March 30 (*Wiener Med. Blätter*, April 5), Prof. Czokor made some observations on a kind of pox peculiar to birds, and supposed to be analogous to the human epithelioma contagiosum. It appears in hot countries, such as Italy, in the summer months, and consists in an eruption of papules which affects the parts round the eyes, the ears, and the beak, as also the comb and wattles. At the same time a croupous membrane forms in the mouth, nose, and throat, and the animal dies suffocated. Birds which were inoculated with the contents of the little swellings sickened in the same way as those originally attacked; but the papules, although they became confluent, shrivelled up and healed, and the animals recovered.

ALICE KER, M.D.

1101. *Juler on Palmar Psoriasis.*— Mr. Juler, in the *Brit. Med. Jour.*, Feb. 1883, p. 392, writes in answer to a letter in the *Journal*, Jan. 20, 1883, stating that in all long-standing cases of so-called 'palmar psoriasis,' not syphilitic, the treatment, to be successful, must consist in scrubbing the diseased surfaces with a broad, soft nail-brush, dipped in a solution of green soap and alcohol. Sometimes it may require to be done daily, at other times twice a week. At the same time the bowels must be properly regulated.

RICHARD NEALE, M.D.

PSYCHIATRY.

RECENT PAPERS.

1102. MORSELLI.—Specific Weight of the Brain in the Insane. (*Riv. Sper. di Fren. e di Med. Leg.*, 1882, Fasc. iii.)

1103. AMADEI.—Cranial Capacity in the Insane. (*Ibid.*, 1882, Fasc. iii.)

1104. SCIAMANNA.—Application of the Galvanic Current to the Dura Mater of Man. (*Ibid.*, 1882, Fasc. iii.)

1105. SEPPILLI.—General Paralysis of the Insane in Women. (*Riv. Sper. di Fren. e di Med. Leg.*, Fasc. 1, 1883.)

1106. BUCCOLA.—The Time occupied by the Reflex Dilatation of the Pupil in General Paralysis of the Insane, and in other Diseases of the Nervous Centres. (*Ibid.*, Fasc. 1, 1883).

1107. TARBELL.—On the Height, Weight, and Relative Rate of Growth of Normal and Feeble-Minded Children. (*Proceedings of the Association of Medical Officers of American Institutions for Idiotic and Feeble-Minded Persons*, Philadelphia, 1883.)

1108. WILBUR, H. B.—Some of the Abnormal Characteristics of Idiocy and the Methods adopted in Obviating them. (*Ibid.*)

1109. Kerlin.—The Epileptic Change and its Appearance among Feeble-Minded Children. (*Ibid.*)

1110. Fish.—The Medical Treatment of Idiots and Imbeciles. (*Ibid.*)

1111. Stewart.—The Industrial Department of the Kentucky Institution for the Education and Training of Feeble-Minded Children. (*Ibid.*)

1112. Wilbur, C. T.—Class-Work of a School-Year at the Illinois Asylum for Feeble-Minded Children. (*Ibid.*)

1113. Bannister, H. M.—A Clinical Note on the Propagation of Insanity. (*New York Jour. of Nervous and Mental Disease*, January 1883.)

1114. Bury, Judson S.—The Influence of Hereditary Syphilis in the Production of Idiocy or Dementia. (*Brain*, April, 1883.)

1115. De Montvel.—Typhoid Fever in its Relation to Insanity. (*Annales Médico-Psychologiques*, May 1883.)

1116. Camuset.—Note on the Actual Predominance of Depression in the Insanity of General Paralysis. (*Ibid.*)

Art. 1102. *Morselli on the Specific Gravity of the Brain in the Insane.*—From an examination of forty-four brains, Professor Morselli (*Riv. Sper. di Fren. e di Med. Leg.*) finds that on the average the insane brain has a higher specific weight than the healthy brain. The greatest density is found in alcoholism and in epilepsy. The chronic forms of insanity show a higher figure than do the acute forms.

1103. *Amadei on the Cranial Capacity of the Insane.* Dr. Amadei (*Riv. Sper. di Fren. e di Med. Leg.*) has examined 475 skulls of persons who died insane. The result of his investigations is that the cubic capacity of the cranium is greater in the insane than in the sane.

1104. *Sciamanna on the Application of the Galvanic Current to the Dura Mater.*—Dr. Sciamanna, of Rome, having a patient with a large aperture in the right parietal bone, seized the opportunity to apply the galvanic current. Two zones were distinguished: one not giving any response to stimulation; the other, when stimulated, giving rise to motor phenomena. After death, it was found that the convolutions experimented upon were the ascending parietal, the ascending frontal, and the superior temporo-sphenoidal. The results corresponded pretty closely with those obtained by Ferrier in monkeys.

1105. *Seppilli on General Paralysis of the Insane in Women.*—Neumann denied the very existence of general paralysis in women. But in the present day it is admitted on all hands that women as well as men suffer from the disease; and the chief questions concern the relative frequency in the two sexes and the peculiarities of the affection as observed in women. Dr. Seppilli gives a very interesting account of these various points (*Riv. Sper. di Fren.*, Fasc. 1, 1883). The proportion of cases in the two sexes has been variously estimated by different French authors, from 8 per cent. (Marcé) to 30 per cent. (Foville). The German estimates vary from 1 in 8 (Krafft-Ebing) to 4 in 10 (Schüle). These differences probably arise from the fact that the cases of different observers were drawn from different classes of the community. Thus Regis has recently shown that in agricultural districts general paralysis is only about once and a half more frequent in men than in women, and is very rare in both. On the other hand, in the asylums situated near large cities, and which consequently receive the working classes of the towns, general paralysis is three times more frequent in men than in women, while in both it is relatively common. Finally, in private asylums, which are recruited from the upper classes, the disease occurs about thirteen times as often in men as in women. All this is in accordance with the well-known fact that, while general paralysis is common enough amongst men of the upper classes, it rarely attacks women of the same rank. According to Verga, there were in the asylums and hospitals of Italy, at the end of 1880, 345 general paralytics out of 9,000 male patients (3·83 per cent.), and 123 out of 8,471 females (1·45 per cent.). In regard to the peculiarities of the disease in the two sexes, it has been held by some authors that general paralysis in women is always characterised by dementia, and one observer (Kornfeld) has stated the opinion that the form of the disease characterised by ideas of grandeur is seen only in men. Dr. Seppilli's experience disproves these views, though it would seem to indicate that the stage of excitement is less intense and of shorter duration in women, and that the mental weakening is greater and shows itself earlier. Dr. Seppilli finds that the weight of the brain is less by one-eighth to one-twelfth than in healthy women of the same age. It is to be regretted, however, that the specific gravity is not also given. Opacity and thickening of the meninges and adhesion of the pia mater to the cortex are frequently seen. In regard to causation, sexual abuses and the menopause are dwelt on as highly important factors. The author has not observed epileptiform attacks in his cases (only four); and apoplectiform attacks (two cases) were quickly followed by death. The duration of the illness was what is usually met with: in one patient about four years; in the other three about two years. Mendel found that the majority (80 per cent.) of general paralytics die within four years, and one-third of them before the end of the second year. The conclusion arrived at is, that the disease may present the same features in all respects in women as in men; that it may run the same course, have the same duration, and be marked by the same pathological changes in the two sexes.

1106. *Buccola on the Reflex Dilatation of the Pupil in General Paralysis.*—It is known that in a healthy person the prick of a pin, in the arm or in the neck for instance, is quickly followed by dilatation of the pupil. It is also known that in tabes dorsalis this reflex phenomenon is very frequently absent. As Moeli has shown, the same absence is often observed in general paralysis. Buccola (*Riv. Sper. di Fren. e di Med. Leg.*, Fasc. 1, 1883) confirms this observation. But his researches on the present occasion are directed to the cases where the reflex dilatation is present. And he finds that in such cases the nervous processes are slower than in health. When the back of the hand is pricked, the reflex dilatation of the pupil is observed in the healthy person in about ·6 to ·8 of a second; while in general paralytics and in others suffering from organic diseases of the nervous centres, the time taken by the reflex action was from ·9 to 1·5 seconds. [It is interesting to remember that Seppilli rarely found the tendon-reflexes absent in general paralytics; and that, on the contrary, they were frequently exaggerated.—*Rep.*]

William R. Huggard, M.D.

1107. *Tarbell on the Relative Growth of Normal and of Feeble-minded Children.*—This interesting paper appears in the Proceedings of the Association of Medical Officers of American Institutions for Idiotic and Feeble-minded Persons, Philadelphia, 1883. It being generally supposed that idiots are much smaller than ordinary children, Dr. G. G. Tarbell has weighed

and measured all the idiots in his institution at Boston, and has averaged the weights and heights during each year of life from six to twenty. The results are well shown in a diagram, side by side with those obtained by Dr. H. P. Bowditch from nearly 25,000 observations on normal children in the public schools of Boston. Males are distinguished from females. It is admitted that the numbers of idiots and imbeciles examined are not sufficient to warrant the drawing of definite conclusions as to the average height or weight of such patients in any given year of life; but still the general results are of some value. They indicate—1, that idiotic children in the Boston school throughout their period of growth average about two inches shorter and nine pounds lighter than normal children of the same ages; 2, that the relative rate of growth of the two sexes of idiot children corresponds very nearly to that of the two sexes of normal children, and is subject to the same variations at the age of puberty; 3, that the period of puberty is about two years later in idiots than in normal children. It was found by Dr. Bowditch, in his investigation of normal children, that until the age of 11 or 12 years boys are both taller and heavier than girls of the same age. At this period of life girls begin to grow very rapidly, and for the next two or three years surpass boys of the same age both in height and in weight. Boys then acquire and retain a size superior to that of girls, who have now nearly completed their full growth. Dr. Tarbell's diagram shows well that the time during which idiotic girls are bigger than idiotic boys of the same age is from 14 to 17 years of age; whereas Dr. Bowditch showed that this occurred in normal children between the ages of 11 or 12 and 14 years.

1108. *Wilbur on the Abnormal Characteristics of Idiocy and How to Meet Them.*—This paper follows that just noticed. The mental deficiencies of idiocy are analysed, and various modes of counteracting them by means of special education on a physiological basis are discussed. Special stress is laid upon the advantages of institution life and its bracing atmosphere of associated will-force, which exercises a beneficial influence upon the feebler members of the community. Cases are mentioned in which purely individual instruction of idiots has been well tried: in almost every case the effort proved a failure, even in the hands of intelligent and zealous teachers. The pupil tires of instruction aimed persistently at him alone, his power of attention flags under its monotony, and nothing awakens in him the spirit of emulation or sympathy.

1109. *Kerlin on the Epileptic Change and its Appearance among Feeble-Minded Children.*—This is the next article in the same series. The histories have been examined of 300 idiotic and imbecile children, believed to represent a fair average of such cases, as they appear in Pennsylvania and New Jersey. Twenty-two per cent. are now epileptics; fifty-two per cent. have in their antecedents the history of the epileptoid family of diseases. Only twenty-six per cent. of the cases were uncomplicated by either epilepsy, paralysis, or chorea, and many of these presented other physical infirmities, *e.g.* defective speech, irregularities of gait, sight, hearing, &c. Only fifteen of the whole three hundred are of sound physical health, and have apparently unimpaired organisms; these are designated imbeciles *pur sang*. Attention is directed to the superficiality of epilepsy as it appears in the great majority of imbecile children from 5 to 15 years of age: paroxysms are aborted by psychical impressions of the simplest character. Some epileptic imbecile children obey for years the injunction never to have a convulsion during divine service, or at an entertainment. The fits are induced as readily as they are controlled. The following slight causes have produced fits, sometimes in children not previously known to be epileptic; the promise of a carriage-drive, distension of the large bowel by an enema, administration of chloroform, alarm of fire, and cramped position of the hand in trying to write. Several cases are related in illustration of epileptoid conditions and mental epilepsy. Symptoms were noted as indicating epileptic tendencies in cases which developed undoubted epilepsy years afterwards. Other cases are given in which the convulsive attacks have ceased, but their place has been taken by occasional seizures of some different nature, *e.g.* paroxysmal pain in the stomach, vomiting, mania transitoria, sudden and purposeless running. Many of the cases mentioned might be regarded as examples of eclampsia, or symptomatic convulsions; but the author advocates a common identity or relationship in all convulsive phenomena. He believes that all the conditions mentioned above may be best treated as irregular manifestations of that '*epileptic change*' which has been described as the precursor of, and underlying all, epileptoid states. The identity of temper-displays, paroxysmal thievings, violence, &c., with the epileptic change, is also indicated. This view has the advantage of promoting kindly tolerance and ingenious management of these peculiar cases, and arouses the apprehension that the outcome may be true epilepsy, thus directing the treatment towards averting such a calamity. The cases are numerous in which imbecile children have had convulsions only at the time of the first dentition, but in whom the tendency to such attacks remains: in these patients, epilepsy is often brought on by comparatively slight exciting causes. The neuropathic state of most idiotic children is on the near confines of spasm. The natural convulsibility of infancy persists in the later life of the imbecile; the undeveloped or ill-organised cerebrum of the idiot fails to control automatism, jactitations, and other nervous tricks—habits which foster the development of the epileptic change until a special excitement overrides all restraint, and epilepsy is established. When epilepsy in imbeciles is due to psychical influence or eccentric irritation, treatment may be undertaken with great hopes of success, especially if the family history be good. When, on the contrary, physical influences or several organic changes have brought about the disease, the prognosis is extremely unfavourable.

1110. *Fish on the Medical Treatment of Idiots and Imbeciles.*—In the next paper of the same *Proceedings*, Dr. W. B. Fish, of Elwyn, Pennsylvania, gives the result of his experience on this subject. The following may be noted with advantage. The difficulty of diagnosing physical disease in idiots is of course very great, as the physician must depend upon objective symptoms alone. Phthisis is often developed without cough, expectoration, or night-sweats. Fractures of bones may even occur without any complaint on the part of the patient. The clinical thermometer, the patient's appetite, and frequent weighing of the body, are our safest guides. Even the stethoscope partially

fails, owing to the habitual feebleness and shallowness of these patients' respiration, and their inability to breathe deeply or speak when told to do so. The author believes the oft-repeated statement that the temperature of idiots as a rule is below normal, to be without foundation in fact. The immense advantage to idiots of living in a high temperature is remarked upon. Phthisis is, of course, far more frequent than any other physical disease in idiocy; its course also often appears remarkably rapid, but this may be partly due to the great difficulty of recognising it during its earlier stages. Dr. Fish states that no case of phthisis by infection has occurred in the institution at Elwyn, but it is difficult to see how this can be proved when it is admitted that fresh cases are constantly occurring. Various plans of treatment have been tried, but the great majority of cases appear to derive most advantage from cod-liver oil. This must, of course, be given in small doses at first, always after meals; the quantity may be afterwards increased, and the treatment must be persisted in for a long period. A number of cases of pneumonia were successfully treated by small and frequent doses of aconite in the earliest stage, the iodide and carbonate of ammonia after the occurrence of hepatisation, quinine in full doses at night, whisky in large doses during the period of crisis; dry cups and the jacket-poultice were used when symptoms were believed to indicate them. Diarrhœa is often very troublesome in these patients; two remedies are strongly recommended, the dilute nitro-muriatic acid and the subnitrate of bismuth, according as the symptoms proceed from an alkaline condition of the secretions or from acid fermentation. The subnitrate of bismuth should be given in much larger doses than is usually recommended. For the constipation, so frequent in epileptics, the following pill is recommended—podophyllin, extract of belladonna, extract of nux vomica, of each one-fourth of a grain. One or two should be taken at bedtime, and followed by a freely diluted saline draught in the morning. Mercury, in small and frequent doses, retains its place as an alterative. Catarrhal jaundice has succumbed to drachm-doses of phosphate of soda three times daily. The treatment of epilepsy by the bromides appears to have been largely followed, but no definite results are stated. Nitrite of amyl has not been thoroughly tried, but the author thinks it useful in aborting an epileptic seizure, and that in the status epilepticus it should be used in larger doses than usual, such as 5 to 10 minims. Squibb's hydrobromic acid has been useful in cases where there has been reason to discontinue the usual bromides for a time; excellent results have followed its use (30 minims thrice daily) in cases of excitable idiocy, accompanied by insomnia and noisy demonstration.

1113. *Bannister on the Propagation of Insanity.*—The purpose of this article, in the January number of the *New York Jour. of Nervous and Mental Disease*, is to draw attention to the relative frequency of the intermarriage of the insane, and of those with hereditary insane tendencies. Considering the comparatively small proportion of insane persons in all populations, it should be a rare thing, according to any ordinary law of chances, for two insane persons to intermarry; but Dr. Bannister's figures show that it is not very uncommon. Of 104 cases with insane heredity in the Illinois State Asylum, at Kankakee, no fewer than four had both father and mother insane. Three others had direct paternal and collateral maternal heredity; two had direct maternal and collateral paternal heredity, and in one case there was collateral heredity of insanity on both sides. Thus nearly 10 per cent. of those with insane heredity had it on both sides, and were thus favoured with a double opportunity to inherit mental disease. If to these be added the instances where, with insanity in one parent, there is reported either epilepsy, hysteria, drunkenness, 'brain-disease' 'nervousness,' &c., of the other, the ratio of double inheritance rises to over 20 per cent. Some particulars of family histories are given; and other 'plexuses of insane heredity' are mentioned. Three instances occurred in one asylum of husband and wife being patients together. The author does not venture on any explanation of this apparent tendency of persons with hereditary liability to mental disease to select one another for life-mates and thus perpetuate and intensify in their offspring their own unfortunate inheritance. [Persons known to have been insane or to belong to insane families are to a great extent regarded as ineligible for marriage by the rest of the population. The result of this is that, if such persons wish to marry, they are often obliged to marry one another. Those who have been insane themselves, or whose near relatives have been insane, have less fear of insanity in others, and the lower classes generally take little thought as to the chances of their offspring inheriting tendencies to insanity or any other disease.—*Rep.*]

1114. *Bury on Hereditary Syphilis as a Cause of Idiocy or Dementia in Childhood.*—Inherited syphilis has not hitherto been regarded as a frequent cause of idiocy. The well-known signs of congenital syphilis are seldom seen in idiots. Dr. Bury, in the April number of *Brain*, gives reasons and relates cases which seem to indicate that mental failure, coming on in childhood, is not unfrequently due to this cause. From a review of the recorded observations of others, Dr. Bury finds distinct proof afforded by *post mortem* examination that mental failure in childhood may be the result of lesions produced by hereditary syphilis, and also fair evidence that hydrocephalus and other fœtal brain-changes sometimes result from syphilis, and may lead on to idiocy; but we know nothing of syphilitic idiocy simply from inherited weakness of nerve-elements apart from demonstrable changes which are strictly extraneural. Six unpublished cases are related which bear upon the pathology of hereditary syphilitic dementia. The following considerations are suggested as partially explaining the supposed rarity of this condition. 1. Congenital deficiency of mind from inherited syphilis is probably rarer than mental failure coming on in childhood. 2. The time at which this mental failure shows itself (near the second dentition period) is a time when the manifestations of hereditary syphilis are more or less latent; and if the child have not typical teeth, or some other manifest sign, syphilis is probably not thought of. For the future, in cases of obscure juvenile dementia, all possible indications of specific taint should be looked for; the physiognomy and general growth should be noted; evidence of periostitis in the long bones should be sought; and, most important of all, the fundus of the eye must be examined for *choroiditis disseminata*. Retinitis and optic neuritis should also be sought for. Cases of this kind do not probably very often reach idiot asylums, for the dementia is of an inoffensive type, and yet is not likely to im-

prove under treatment. Good family histories in such cases are also very difficult to obtain. The cases described appear to be examples of intellectual rather than of emotional or of volitional insanity; in all of them the intelligence seems to have developed normally up to from 5 to 9 years of age, and then to have become gradually weakened, or quite destroyed thus bringing about a condition of 'juvenile dementia.' The cases prove that the growth of the brain may be hindered by a thickening of the cranial bones, as a result of syphilitic osteitis in early life; and also by thickened membranes, a chronic meningitis being often started, probably by syphilitic periostitis. They also show that thickening and narrowing of the brain-arteries, beginning usually as an endo-arteritis, are probably by far the most important causes of atrophy of the brain. We know already that syphilitic arteritis is met with in young infants, and may lead to complete occlusion in a child a few months old. Atrophy of the large nerve-cells of the convolutions is shown to be sometimes the result of sclerosis of the cortex, set up by some of the morbid processes above mentioned. As regards treatment, it is impossible to restore a brain damaged by syphilitic changes which were active months before the patient came under observation; but by accurate study of these cases it may perhaps become possible to recognise them at an earlier stage, when suitable treatment might be of some avail.

1116. *Camuset on the Frequency of Mental Depression in General Paralysis of the Insane.*—Struck with the comparative rarity of mental exaltation and grandiose delusions in the cases of general paralysis coming under his notice at Vaucluse Asylum, Dr. Camuset gives, in the *Annales Médico-Psychologiques* for May 1883, the result of a careful study of all such cases among the male patients of that asylum from January 1882 to January 1883. The number of cases tabulated is 173. The mental condition was one of simple dementia in 44 cases, it was characterised by depression in 81 cases, and by exaltation in only 39 cases. Nine cases are unclassified, as they were either very rapid and acute, or presented varying symptoms.

C. S. W. COBBOLD, M.D.

REVIEWS.

ARTICLE 1117.

Diseases of the Rectum and Anus. By CHARLES B. KELSEY, M.D. Pp. 299. London: Sampson Low, Marston, Searle, & Rivington.

IN pointing out the leading characteristic of Dr. Kelsey's work on the diseases of the rectum, we cannot do better than quote a few lines from the first chapter in which the actions of the levator ani and transversus perinæi are successively considered. 'The actions of the levator ani are various. First it acts as a support to the pelvic organs, and antagonises the diaphragm and abdominal muscles when they act upon the abdominal contents. Again, it prevents the rectum from being protruded, and raises the anus and opens it; being in this respect the direct antagonist of the sphincter.'

Evidently, in the above passage, Dr. Kelsey shares the opinion held by a great many anatomists that the levator ani assists defæcation by opening the anus. A few lines farther on, however, without any apparent reason, he suddenly adopts the opposite view, namely, that the levator ani aids the expulsion of fæces by pressing the anterior against the posterior wall of the bowel.

'In such a case, the two transversi perinæi form a continuous half ring, the concavity of which is directed backwards and embraces the anterior part of the rectum, assisting powerfully in defæcation by pressing the anterior against the posterior wall of the bowel in conjunction with the levator ani.'

It sounds harsh to say that Dr. Kelsey has himself probably no opinion whatever on the subject, that he has simply stated what he has read in the works of differing authorities, and that hence the discrepancy has arisen. We repeat, it sounds harsh to say this, yet in no other way can we explain so flat a contradiction.

In the origin of the rectal veins we find M. Duret's views reproduced with literal exactness in the form of a word-for-word rendering of his article in the *Archives Générales de Médicine.*

'Each of these little ascending branches has its origin in a minute pool of blood, the size of which varies in the normal state from that of a grain of wheat to that of a small pea,' is, on the whole, not a bad translation of 'Chacun de ces rameaux ascendants et parallèles a son origine dans une sorte de petit lac sanguin, dans des ampoules ovalaires dont le volume varie, à l'état normal, de la grosseur d'un grain de blé à celle d'un petit pois.'

But in England, it is needless to say, this view, although advanced by Verneuil and Luschka abroad, has never yet obtained, and is not likely in the future to obtain, currency. We in England have somehow adopted the belief that veins begin from capillaries; and it will take something more than the fact that a few investigators have found dilatations near the commencement of the rectal veins to produce any modification in this.

Under the heading Defæcation, Dr. Kelsey reviews all that has been written about a third sphincter and the valves of the rectum; inasmuch as this repays the trouble of reading, it is by far the best portion of the first chapter.

The second chapter treats of congenital malformations of the rectum and anus, and is commonplace enough till we reach p. 42, whereon the operation of colotomy is described; here we suddenly alight upon these words:—

'The operation may be modified with advantage oy stitching the parietal and visceral layers of the peritoneum together with sutures passing down to the submucous layer of the bowel, but not into its alibre. The wound may then be covered, and the opening into the bowel delayed for six or eight hours for adhesions to occur.'

After very lengthened consideration, we confess ourselves completely unable to understand the above paragraph. Does it mean that when the peritoneum has not been wounded it is a good plan to introduce sutures into it? We would then ask with what object? Or does it mean that the peritoneum is invariably opened, and the 'modification with advantage' may then prevent all the disasters which follow passage of fæces into the peritoneal cavity? If this be the case, we protest that so extraordinary a view as that the peritoneum is always wounded in colotomy should have been clearly stated, stated beyond the possibility of a doubt.

In the third chapter are laid down 'general rules regarding examination, diagnosis, and operation.'

On page 56 are depicted two most dangerous looking pointed bougies, such as we hope no surgeon would ever think of introducing up a rectum. It is, however, only fair to Dr. Kelsey to state that he himself much prefers 'the black rubber instrument with the blunt point (fig. 18), which may readily be bent into a circle in the hand, to all others in the market, and the same instrument comes with a sharp point which sometimes answers a good purpose.' He might have added, 'more frequently a bad purpose, such as perforating the bowel.' If Mr. Richard Davy, after great experience with his lever for compressing the common iliac artery through the rectum, had the misfortune to perforate the walls of the gut, surely a writer on rectal surgery might well hesitate before recommending the use of a sharp-pointed bougie.

On pages 63 and 64 are given directions for arresting hæmorrhage; and here Dr. Kelsey strikes out into an original line, for he evidently does not believe either in ligature or in torsion of vessels as a means to this end. The only instructions he gives lead one to suppose that in his practice of rectal surgery he has had the good fortune never yet to have divided a large vessel; for he states that 'a hæmorrhage seldom occurs from the rectum after a surgical operation—so seldom as to be almost unknown—which cannot be controlled by the cautery or by packing the rectum.' We know, of course, that, before Ambrose Paré's time, the actual cautery played an important part in the arrest of hæmorrhage. But we innocently imagined that, since the great French surgeon introduced ligature, this had been found on the whole a more satisfactory mode of dealing with a bleeding vessel. Plugging the rectum is all very well in cases of secondary hæmorrhage, in which ligatures will not hold, or in which bleeding points cannot be detected, but surely no surgeon would think of plugging the rectum when ligature or torsion would suffice.

Chapter V. is devoted to abscess and fistula. Richet's somewhat impractical division of deep abscess into ischio-rectal and pelvi-rectal is here adopted, and the prognosis of the latter is painted in far too sombre colours.

The chapter on hæmorrhoids gives Mr. Allingham's classification of these; only two methods of operating are here described, that by ligature and that by clamp and cautery, while the two most recent modes are not even mentioned. We refer to crushing, introduced by Pollock and improved by Allingham; and to Whitehead's excision. But the blot in this chapter is the omission of the very necessary recommendation that after the removal of the hæmorrhoids, and the healing of the wounds so caused, the surgeon's finger should be introduced from time to time into the gut to prevent its contraction. This is, in our opinion, the most important part of the after-treatment. The next chapter, on prolapse, is, to our thinking, the best in the book, as it gives a lucid account of this affection, an excellent classification, and a few illustrative cases very much to the point; the treatment, too, is given at greater length than is usual with Dr. Kelsey.

Perhaps the most complete paragraph in the book, however, is that on tubercular ulceration in Chapter IX. Still, where completeness is evidently an aim, we should have expected to find some mention of what Féréol, Martineau, and Primet have had to say on this very interesting subject.

Altogether, Dr. Kelsey's book bears evidence of his not having spared himself any pains in making it as complete as possible. If it here and there lacks the impress of the master hand, it in other places furnishes information gathered by a very careful search among the numerous Paris theses, which can certainly not be found in other works on the rectum.

Whether Dr. Kelsey's treatise is likely to supersede those older works which have already achieved a reputation, does not concern us. Of one thing we are, however, certain; that the work in question is far more likely to be of use to a candidate preparing for the higher surgical examinations, than to a medical man intending to turn his attention especially to the practice of rectal surgery. W. J. Roeckel.

Article 1118.

Ringworm: its Diagnosis and Treatment. By Alder Smith, M.B., &c. Second edition, pp. 166. London: Lewis. 1882.

The first edition, which was favourably noticed in this journal two years ago, has been enlarged and partly rewritten; accounts are given of some fresh remedies, some diagnostic points are more clearly put, and three fresh plates are added.

It is to be regretted that the author still finds it necessary to state that 'very few medical men—either in consultation or private practice—are aware how difficult some cases are to cure. The majority consider a case well even when it has assumed a chronic form;' and, again, 'some medical men have no idea what ringworm is like, and when patches are pointed out to them affirm the disease is cured, and the child fit to mix with others' (p. 17); and, again, of small scurfy patches, 'brought under the notice of a medical man, who laughs at the idea of its being ringworm, and advises no notice of it' (p. 20), and so on several times in the course of a few pages. Doubtless there is some basis for the censure, but with all our instruction in skin-disease we ought to be getting a little better now. The first quotation is especially sweeping.

Repetition is perhaps necessary for emphasis. We get it again strongly in the chapters on diagnosis, which is made to depend largely on 'Stumps.' From p. 10 to p. 45 there is scarcely one in which the word does not occur several times over. There is basis for this, too, but it seems curious; and the popular tale in the nursery—'stumps'—irresistibly suggests itself. 'Look for stumps,' find them and you are right; but don't find them and still they may come in a week or two; so constantly look for 'stumps!'

In examining them microscopically, liquor potassæ is recommended for clearing, but we have sometimes found it too strong; it does better with an equal part of glycerin and water.

With the author's account of tinea decalvans or area we quite agree; we can both verify Dr. Liveing's statement of occasional smooth, bald, shining patches, occurring occasionally in tinea tonsurans, and Fox's statement as to parasitic elements being occasionally found in cases otherwise resembling true area; but these parasitic elements were always of the same kind as tinea tonsurans, and not the special growth that Bazin described; this physician is not even referred to, nor is Malassez, who published a demonstration of the parasite in 1874 (*Archives de Physiologie*).

It is considered settled apparently that both parasitic sycosis and 'eczema marginatum' depend on the same microphyton; but, as to the latter, further evidence is required.

Mr. Alder Smith's name is specially and deservedly identified with the use of croton-oil for small and chronic patches for the production of an artificial kerion, and he gives good and careful direction for its proper application.

The chapters on remedies are also careful and practical; and, if not containing much available new material, they present what is known in convenient form for reference. Neither thymol nor Goa powder is very satisfactory; mercurial oleates and a carbolised mercurial ointment with sulphur 'bear the bell.' Dr. Mac Cormac's name should be mentioned with the former. 'Coster's paste' we have found more painful than is implied. Petroleum ointment we have sometimes found efficient without being disagreeable, and it deserves a mention which it does not receive. It was strongly recommended by Sir Joseph Fayrer (*Medical Times and Gazette*, October 1874).

Altogether the book is a very useful one to have. Written as it is with ample experience of its subject, and detail of treatment, we can only hope that it will do something to remove the ignorance of which it complains, before the next edition is required. E. MACKEY, M.D.

ARTICLE 1119.

Brain-Rest. By LEONARD CORNING, M.D. Pp. 100. New York: Putnam. 1883.

WRITTEN in somewhat grandiloquent style, this treatise embodies truths, on the subject mainly of sleep, with the novelty of recommending graduated mechanical control over the cerebral circulation by means of a 'carotid truss,' *i.e.* a neck-band with pads, adapted for pressing on both common carotids.

Starting from the demonstrations by Durham of cerebral anæmia during sleep, supporting them by Hammond's evidence of 'lessened cerebral pressure,' and Naunyn's of the varying relation between spinal subarachnoid fluid and the cerebral spaces, the author concludes that 'the physiological variability of the intracranial circulation must be accepted.' 'As regards the primary impulse . . . which culminates in anæmia . . . he perceives a rudimentary behest in periodic exhaustion of available intra-ganglionic energy': this, and 'a physiological degree of cerebral anæmia,' are the two great factors of sleep.

He notes that compression of the carotids more readily produces somnolence towards evening, *i.e.* 'after an expenditure of motor and psychical energy, than in early morning, after a period of repose; and he repeats several times his leading ideas as to ganglionic exhaustion and anæmia (of limited extent) causing sleep. *Reduced oxygenation* goes with these, and is indicated by lowered temperature of the head; for registering this the author has a special contrivance.

The results of mechanical compression of the carotid he describes as facial pallor, drooping of the eyelid, dilatation of the pupil, soporific tendency, dizziness, confusion of ideas, syncope, all much more marked in anæmic subjects.

Under hygienics of sleep, he describes very well the 'thought martyrdom, which renders a man not the *possessor* of thought, but its wretched victim.' Insomnia is classified into idiopathic and symptomatic; over-taxation of the mind, grief, jealousy, &c., being main causes of the former; pain, dyspepsia, &c., of the latter.

The symptoms of cerebral exhaustion, hyperæmia and anæmia, are described, and the book concludes with notes as to treatment. Dr. Corning seems to have used his instrument and 'sensibly diminished for the time the lumen of the artery' without serious inconvenience, but he gives no details of cases; also he used pressure still more actively during epileptic convulsions and congestive headache. Internal remedies, however, are not despised; bromide in the day, chloral, henbane, ergot, and others being approved of. The value of baths, and especially of the Turkish bath, in insomnia is justly reckoned to be great. E. MACKEY, M.D.

ARTICLE 1120.

Mechanical Exercise a Means of Cure: a Description of the Zander Institute, London. Edited by the Medical Officer to the Institution. Pp. 92. London: Churchill. 1883.

A NOTICE of this work is really a notice of the system it describes, and, after a careful inspection and personal trial, an observer can have nothing but praise for it. It is one of those forms of aid to medical practice that, under injudicious management, is apt to degenerate into quackery, but, as conducted at Soho Square, it is admirable. Everything is open to medical inspection, a highly qualified colleague is at hand for consultation, and a given case can be jointly watched at intervals.

The ingenuity of the machines is marvellous. They are fifty in number, and classed into A, B, and C series (being for the arms, legs, and trunk respectively), and D 'passive' machines. Either by steam-power or by an arrangement of levers, every joint, almost every muscle, may be equably exercised, and any part may be shampooed or percussed with the greatest nicety of graduation. The movements are calculated to remove pain, stiffness, or even atrophy; to stimulate the capillary circulation, and so improve nutrition, as well as to stimulate and regulate the functions of internal organs, especially the liver and the bowels.

Of the passive machines, that for 'rolling friction of the back' is one of the best—*experto crede*. The patient lies on a sofa, through the back of which two padded wheels roll with regular pressure along both sides of the spine. The motion has a sedative effect on superficial sensitive nerves, and is useful for 'oversensitiveness of spine and pain in back and loins,' *i.e.* nerve or muscular pain.

Under the 'vibrating machine,' we find the remarkable statement that 'shaking of the back between the shoulder-blades has a specific effect on the action of the heart; it always makes its contraction less frequent and more effective.' Nervous palpitation is much relieved by it, also the symptoms of fatty heart; the pulse may be reduced from 130 to 90. Shaking of the chest and throat is said to facilitate expectoration, and also absorption of effusions.

There should be some relation between these vibrating machines and the one ably introduced by Dr. Mortimer Granville. The physiological and therapeutical effects to be obtained from them are not yet known to the profession at large.

The special classes of cases set down as suitable for the Zander treatment are such as general debility with feeble circulation contracted chest, rheumatic

pain, stiffness or partial paralysis, sciatica, constipation, and spinal curvatures, and a few illustrative cases are subjoined. One of atony of the colon, with dyspepsia, &c., seems particularly successful.

EDWARD MACKEY, M.D.

ARTICLE 1121.

Critical and Clinical Study of Generalised Exfoliating Dermatitis (Disease of Erasmus Wilson). (Etude Critique et Clinique sur la Dermatite Exfoliatrice, ou mieux, Maladie d'Erasmus Wilson.) By Dr. L. BROCQ. Paris: 1882.

THIS interesting essay should be read by English dermatologists. The term pityriasis rubra is in England, as Dr. Brocq correctly remarks, made to include several diseases of the skin which differ essentially from each other. One of these affections, which Dr. Brocq believes to be a distinct disease, *Generalised or Exfoliating Dermatitis*, is minutely examined and described in the treatise before us; and, as Erasmus Wilson was the first to call attention to it, he proposes to diminish the confusion that envelops this affection by naming it after the English dermatologist.

The disease may relapse several times; it frequently results in cure, but is occasionally fatal. It is always a tedious and severe malady. It differs from acute exacerbations of previously existing inflammatory skin-diseases by its typical development, and by the loss of the hairs and nails, and the constitutional symptoms; from the true pityriasis rubra (Vidal) and from pityriasis rubra pilaris by the same characters; from relapsing roseolar erythema and from the pityriasis rubra of Hebra by its duration.

In the historical part of his essay, Dr. Brocq has done good service to dermatology, and has done much to lessen the labours of physicians who occupy themselves with endeavouring to unravel the tangled skein in which exfoliating diseases of the epidermis has been bound by authors.

G. THIN, M.D.

ARTICLE 1122.

Epitome of Skin-Diseases, with Formulæ; for Students and Practitioners. By the late TILBURY FOX, M.D., F.R.C.P., and T. COLCOTT FOX, M.B. Third Edition by T. COLCOTT FOX, B.A. (Cantab.), M.B. (Lond.). Renshaw, 1883.

WE are glad to welcome the third edition of this admirable little handbook, which is so well known that we need say little more than that Dr. Colcott Fox has slightly enlarged the book in order to bring it up to the knowledge of the day. The epitome was originally planned and written by Dr. Colcott Fox in conjunction with his brother the late Dr. Tilbury Fox, whose lamented death left so great a gap in the field of study to which he specially devoted himself. The editor of the present edition has done wisely in expanding the article on the syphilitic lesions of the skin, and especially in discussing somewhat fully the subject of infantile syphilis. We know of no other text-book where the recent great advances in our knowledge in this direction are equally fully and sufficiently given. We may specify also the articles on tænia, on scleroderma, on morphœa, and on medicinal eruptions, as containing much new and valuable matter, and that on leprosy as affording in a short space a very complete picture of the disease in its several forms. DAWSON WILLIAMS, M.D.

ARTICLE 1123.

Pathologie des Poissons. Traité des Maladies, des Monstruosités, et des Anomalies des Œufs et des Embryons. Par MICHEL GIRDWOYN, Membre des Sociétés d'Insectologie de Paris, de la Gironde, &c. Paris: Rothschild.

M. GIRDWOYN has written a very interesting book on the diseases of fishes, from which it appears that adult fishes are very healthy animals. Trout are subject to anæmia, apparently of a pernicious type; wounded fishes, as all who keep aquaria are aware, are very subject to the growth of vegetable parasites on their wounds, a disease almost invariably fatal. M. Girdwoyn makes some interesting observations on diseases of the reproductive organs in salmon and trout. Inflammation of the ovary is not rare; when it is general, the ova all die and undergo septic changes; when it is localised, the ova from the unaffected part of the ovary are laid, bloody fluid escaping from the vent of the diseased fish during the process of expulsion of the ova. The male special gland is subject to similar inflammatory changes. Stagnation of water appears to be the exciting cause of genital inflammation, the fish not attempting to lay or to fecundate ova under such circumstances, and great congestion of the special glands, leading to inflammation, is the result. The entire inflamed ovary may be artificially pressed out from an affected fish, which, after the operation, becomes healthy, fat, and, of necessity, sterile.

During the period when the young fish swims about with its umbilical vesicle attached, that appendage is subject to a fatal disorder, manifested by the appearance of small red spots, which spread to the body of the fish itself. M. Girdwoyn also speaks of a cancerous disease in young fishes, resulting apparently from the spots. ALBAN DORAN.

NEW INVENTIONS.

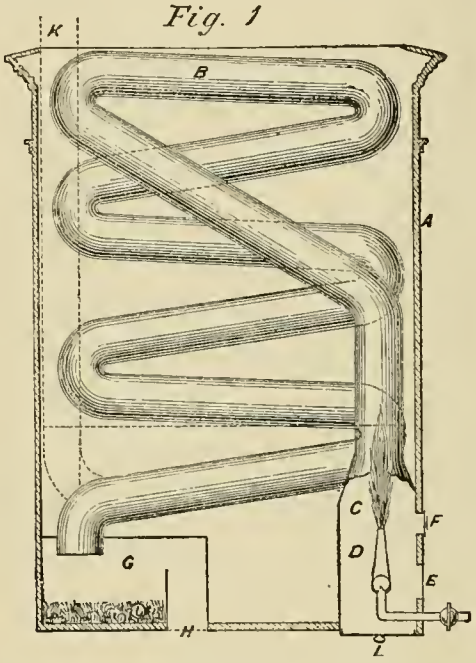
ARTICLE 1124.

IMPROVED AIR-WARMING AND COOLING APPARATUS.

MESSRS. ROBERT BOYLE & SON, of 64 Holborn Viaduct, have recently effected some important improvements in air-warming and cooling arrangements, which we have no doubt will prove of considerable value as a simple and at the same time economical means of providing a supply of fresh air at such a temperature as will be both safe and agreeable in all seasons of the year. The air-warmer is intended for warming the fresh air supply to a building where hot air, water, or steam pipes are not available. The arrangement consists of a copper or iron pipe, about 1½ inches diameter, placed in an inlet tube preferably of the form of a bracket. This pipe is made of zigzag shape, so as to cross and re-cross the tube from top to bottom, causing the incoming air to repeatedly impinge upon it in its passage through the tube. At the bottom of the tube an air-tight chamber, so far as the interior of the tube is concerned, is fixed, in which a 'Bunsen' burner is placed, the flame of which plays up into one end of the pipe, which is connected with the top of the chamber; the heat travels through the entire length of the pipe, the other end of which

may be made either to dip into a condensation box in the bottom of the tube or be continued as shown by dotted lines in accompanying diagram up into a flue or extraction shaft. If the pipe terminates in the box the vapour is condensed there and carried off through outside wall by means of a small pipe, and any products of combustion which may arise are absorbed and rendered innocuous by passing through a loose bed of charcoal, which covers the bottom of the box. The charcoal should be removed about once every fortnight or month, according to the extent the tube is used. The diagram below (figure 1) shows the arrangement, which is explained as follows :—

Fig. 1



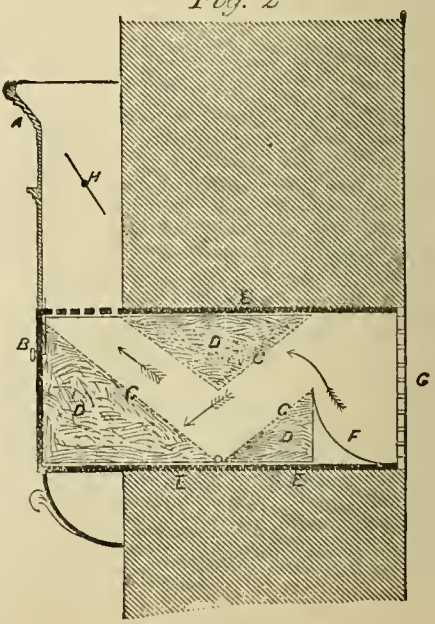
'A' air inlet tube or bracket made of galvanised iron and painted, dimensions 24″ × 16″ × 6″. These tubes can be treated ornamentally to harmonise with the decorations of the room, and where necessary may be placed in chases in the wall. The top of the tube should stand about 5 ft. 9 in. from the floor. 'B' copper or iron tube 1½ in. diameter. 'C' chamber containing the burner. 'D' Bunsen burner. 'E' opening covered with perforated zinc communicating with chamber for the purpose of supplying air to burner. 'F' small hole fitted with sliding shutter through which the gas is lighted. 'G' condensation box. 'H' opening in bottom of box to allow of the circulation being maintained in the heating pipe. 'J' pipe for carrying off condensed vapour. 'K' continuation of pipe into flue or extraction shaft. 'L' movable bottom to flame chamber for purpose of cleaning tube. Where the tubes are placed against woodwork all chance of fire may be avoided by fitting them with a double casing or jacket and filling in the space between with asbestos or other non-conducting material. With this arrangement the air supply can be raised from a temperature of 30° to 130°, and to show that it is one of the most economical methods of heating in existence, it is only necessary to mention that the cost of gas consumed to raise the incoming air from a temperature of 40° to 100° is less than one farthing per hour, this being effected with the air passing through the tube at a velocity of 300 feet per minute or 18,000 feet per hour.

At the Reform Club where these tubes and heaters in combination with Messrs. Boyle's patent air-pump ventilators have been very successfully applied, a series of experiments were carried out by the patentees in conjunction with the Right Hon. Acton Smee Ayrton, ex-Chief Commissioner of Works, to whose suggestions the patentees are indebted for some important improvements in the apparatus. The result of these tests demonstrated that the apparatus was not only useful for warming the air supply for the purposes of ventilation, but that it might be used as the sole means of heating rooms. On testing the tubes with the anemometer the air was found to be passing in at the rate of 16,000 cubic feet per hour, the dimensions of the tube being 24″ × 16″ × 6″, one-third of which was blocked up with the heating pipes. It is important to note that these figures compare most favourably with the results obtained by elaborate and expensive arrangements for artificially forcing air into a room by means of water fans, sprays, &c., which are not only expensive and troublesome to maintain, but owing to their bulk constitute an obstruction and eyesore in a room.

The tubes are fitted with regulating valves and deflecting shields to prevent the air from discolouring the walls. They can also be fitted with an arrangement for filtering and freeing the incoming air from blacks and dust. They are not expensive, the price of them ranging from 45*s.* to 100*s.*, according to size and material used.

They are applied to a number of buildings (including the Guildhall and Lloyd's, Royal Exchange), and have been found to answer exceedingly well. The great objection to nearly all methods of ad-

Fig. 2



mitting fresh air is the diagreeable cold draughts they create. The appliance we have described effectually overcomes this, and should therefore be

welcomed as a really valuable addition to the list of useful sanitary inventions which are now in use.

Fig. 2 shows the arrangement for cooling the air in hot weather. It consists of an air inlet tube of bracket form, made of iron. The part which penetrates the hole in the wall has an outer casing, so that a space of about half an inch is left, in which is packed a non-conducting substance for the purpose of preventing the heat from the wall penetrating into the interior of the opening, and acting upon the blocks of ice which are placed in a movable drawer and kept in position by means of open galvanised iron or copper wire netting. The front of the drawer is also double, and packed same as casing. The outer air entering through the grating is deflected by a metal shield on to the suspended block of ice, and from thence on the bottom of drawer, and thence up the tube into the room, it being not only cooled but purified thoroughly from blacks, dust, &c.

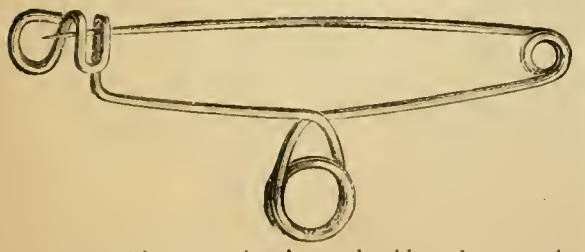
This arrangement would probably prove very acceptable in our fashionable London drawing-rooms during the season.

A in diagram denotes the inlet tube, B movable drawer, C C C wire netting, D D D ice, E E E non-conducting packing, F deflecting plates, G grating in wall, H regulating valve.

Article 1125.

A NEW SURGICAL PIN.

Dr. J. Ward Cousins, surgeon to the Royal Portsmouth Hospital, introduces to the notice of the profession a new bandage and dressing pin, with the hope that it may prove an useful though humble addition to the common necessaries of every-day practice. He observes, in the *Brit. Med. Journ.*, May 5, that during the last few years safety-pins have been largely used in many hospitals, and some surgeons and nurses carry a supply with them for every emergency. The safety-pin, however, is by no means a perfect contrivance for surgical purposes; for in its application it is often troublesome to fasten and unfasten, and it is very liable to slip into the folds of a bandage, and thus to cause delay in its removal. The surgical pin which is represented in the engraving is specially adapted for surgical work, and possesses qualities which will be appreciated by surgeons, accoucheurs, and nurses. It is handy in introduction, safe in position, and capable of instantaneous removal. This simple contrivance is in the form of a spring-pin, which is converted into a novel instrument by the addition of a special shield and a short handle. It is manu-



factured in stout pin-wire, and midway between the spring and the shield a convenient handle is produced by giving the metal a loose double twist. The handle is the special feature: it gives complete control over the pin, assists in directing the point, and renders both its introduction and withdrawal easy and instantaneous. When in position, by the aid of the handle, the point can be instantly protected; and then, by raising the shield with the handle the pin is at once unfastened, and can be readily removed. In this way ease and rapidity of application can be secured, and these qualities render the new surgical pin far more handy than any other kind of bandage and dressing holder. For hospital work it will be found a valuable little innovation, and it is also well adapted for dressers and surgeons in the field in all the appliances of immediate surgery. It is manufactured by Messrs. Kirby, Beard, & Co., of London and Birmingham, in several convenient sizes. The largest pins are especially suitable for chest and abdominal rollers, and they will prove also an excellent substitute for the tapes which are fixed to the ends of the India-rubber bandages now universally employed in practice.

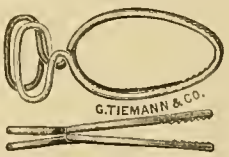
Article 1126.

THE KEY-RING ARTERY-CLAMP.

By Brewer Mattocks, M.D.

In a country of long distances, one must betake himself to many short contrivances. A professional neighbour of mine—his assistants failing him—performed lately his first ovariotomy successfully alone. With us, every farm has from two to an indefinite number of horse-power agricultural implements, and every town its railway and manufactories; consequently we see much of *accidental* surgery. Of necessity, then, our surgical instruments must to a great extent be both automatic and labour-saving.

The artery-clamp, of which I send an illustration, explains itself; but the advantages claimed



for it I will number consecutively. 1. The operator is by use of the clamp enabled to tie the arteries himself and at his leisure. 2. It is self-holding, and its lightness will prevent its tearing loose, while its shape enables the ligature to slip to its place. 3. It is small, compact, and, if necessary, may be left in position for several days; for instance, after one has searched for an artery at the bottom of a wound. 4. It is especially adapted for cases of emergency, and, as its name suggests, several of them may form a part of one's key-ring furniture. 5. Its simplicity enables one to use it without a commentary, and its cheapness to buy a set of them. To Tinman & Co., of New York, am I indebted for perfecting my suggestions.

Faribault, Minn., U.S.A. May 1883.

DIETETIC NOVELTIES.

Article 1127.

HEWLETT'S 'LIQ. ERGOT. PURIF.'

This is a reliable preparation of ergot and is well adapted for obstetric practice. The ordinary dose is from twenty to forty minims, the parturient dose from one to two drachms.

MISCELLANY.

THE COLDEST PLACE IN THE WORLD.—Verchogansk in Siberia is the coldest place in the world. At one time it was thought that the coldest weather was to be found at Irkoustk, but the average temperature at Verchogansk is much lower; in January it is 45° centigrade, in February 49°, in March 33°, &c. On Dec. 30, 1871, the thermometer was 63° below zero, but this, however, happened but once. The cold is so intense that three coats of reindeer skin scarcely prevent the wearer's blood from freezing. Every respiratory movement hurts the throat and lungs. The watery exhalations of the breath freeze and present the aspect of fine needles of ice. These rub one against the other, making a noise like that of tearing velvet or thick silk. An English traveller relates that the whole of the caravan which accompanied him on his journey in these parts were enveloped in a blue cloud composed of the condensed breath of the men and animals. A crow flying slowly through the frozen air left behind it a track of condensed vapour.

PREVENTION OF INFECTIOUS DISEASES.—At the sitting of the Berlin Medical Society on Feb. 21, it was suggested that a fine should be imposed on parents who did not isolate their children when scarlatina or diphtheria was in the house. The difficulties of isolation among the poor were fully recognised, as also the uncertain state of medical knowledge with regard to the duration of the period of infection. Herr Goldsmidt stated that he had prevented the spread of scarlatina in a house by anointing his patients with lard, and then dusting on salicylic acid.

A MOTH IN THE EAR.—Dr. Howard Jones, of Circleville, Ohio, relates (*New York Medical Record*) the following somewhat dramatic case, *apropos* of foreign bodies in the auditory meatus. 'Two gentlemen were walking leisurely down the street a quiet evening in July, after the street lamps had been lighted, one of them wearing a white straw hat. As they came near a gas-post, an insect flying rapidly, struck the straw hat of No. 1, and cannoned directly into the right external meatus of No. 2. The gentleman clapped his hand to his ear and screamed with pain. He entered the nearest dwelling, where I found him a few moments later, greatly excited and suffering intensely. The lady of the house had attempted to pour milk into the ear, but could not succeed. Upon examination, I discovered the external canal completely plugged with a dirty grey body, which when touched, the patient said, scratched terribly. The blades of a pair of small forceps were at once carefully inserted upon each side and then closed upon the object. By careful pulling, it was gradually withdrawn, and proved to be a grey-and-white moth, something over an inch in length, and so large in diameter that it fitted tightly into the canal.'

THE JOHNS HOPKINS MEDICAL SCHOOL.—It is stated that the Medical School of the Johns Hopkins University, in Baltimore, will be opened before the close of the year.

A NEW THEORY.—The *Wiener Med. Blätter* reviews a book with the title 'Eine neue Theorie über Erzielung von Immunität gegen Infectiouskrankheiten,' by Dr. Hans Buchner. The new theory is that in medicine, as well as in surgery, it ought to be possible to find some way of preventing the entrance of germs into the body. As inflammation has been found to alter the tissues so that the specific germs of the different diseases find no longer the suitable nidus for their development, Dr. Buchner looked about for some chemical agent which should so act on different organs as to cause an amount of inflammation sufficient to affect the micro-organisms without injuring the individual concerned. Such, he believes, he has found in arsenic, and, to a lesser degree, in phosphorus and antimony. The experience of the Styrian mountaineers shows that no disadvantages result from even a life-long use of arsenic, and those people are of opinion that it protects them from all kinds of illness. From its well-known antiseptic action after death, the author thinks it ought to have a similar effect during life, and he thinks it will be of special advantage in those diseases which have a long period of incubation—*e.g.* small-pox, scarlatina, measles, and enteric fever.

INTERNATIONAL EXHIBITION AT NICE.—The Mayor and Municipality of Nice have resolved on opening an International Exhibition there in December next. The Society of Medicine at once seized the opportunity to point out the importance of devoting a portion of the building to a Medical and Sanitary Exhibition, which will be as complete and practically useful as possible. All who have lived on the Continent know how far from perfect are the hygienic and sanitary arrangements of our neighbours on the other side of the Channel, and the Riviera has had in these respects perhaps more than its fair share of blame. The Medical and Sanitary Exhibition at Nice it is hoped may be the commencement of far better things than exist at present, and patients may be sent to the South in search of health with none of those misgivings as to imperfect drainage, untrapped closets, and ill-ventilated houses, which make us sometimes hesitate whether an English winter, with its damp, and cold, and darkness, may not, after all, be safer than the cloudless sky and brilliant sunshine of the Mediterranean. The London agents are Messrs. Johnson, Castle Street, Holborn, London, E.C., to whom all applications for space must be addressed, and from whom all information can be obtained.

It is proposed to exhibit in Section II., Hygiene, Medicine, Climatology.

Hygiene.— Class 5.—Distribution and Purification of Water for Domestic Use—Modes of water supply, filtering, purification, distribution to dwellings, models and plans having special reference to questions of hygiene. Class 6.—House Drainage and Sewerage—(*a*), Models and plans of sewers; (*b*), Different systems of emptying cesspools, &c.; earth closets, water closets, &c.; urinals, sinks, &c.; (*c*), Apparatus for baths and hydrotherapeutics. Public baths; (*d*), Various kinds of washing apparatus. Public washhouses. Class 7.—Hygiene of Public Establishments, of Houses, of Ships—(*a*), Architecture of hospitals, of barracks, and of private houses; (*b*), Different appliances for hospital wards, and for the sick room; (*c*), Instruments and apparatus for detecting adulteration of articles of food and drink; (*d*), Demography. Medical statistics.

Medicine and Surgery.—Class 8.—Pharmaceutical Preparations—Dietetic and pharmaceutical preparations. Disinfectants. Class 9.—Mineral Waters—Mineral waters, and everything relating to watering places, such as architecture, arrangement of baths, &c. Class 10.—Medical and Surgical Instruments and Appliances—(*a*), Instruments and appliances for anatomical and histological research; (*b*), Instruments and appliances used in investigation of disease; (*c*), Surgical instruments arranged according to their several purposes, as for amputation, resections, &c. Special instruments, as dental, eye, and ear instruments. Obstetric instruments, and those used in electro-therapeutics. Pouches, and instrument and medicine cases, for military and naval surgeons. Class 12.—Hydrotherapeutics. Medical Gymnastics—Hydrotherapeutics, orthopœdic apparatus, gymnastics as applied to medicine and hygiene. Class 13.—Life-saving Apparatus. Ambulances—Instruments and appliances for accidents, naval and military surgery, civil and military ambulances. Class 14.—Special Treatises—Works bearing on the different above-mentioned groups.

Climatology.—Class 15.—Meteorology Applied to Climatology—Meteorological instruments. Class 16.—Meteorological Observations—(*a*), Meteorological observations and stations; (*b*), Summary observations. Curves of temperature and pressure from different stations. Class 17.—Special Treatises. Plans. Charts.—Works published on meteorology generally.

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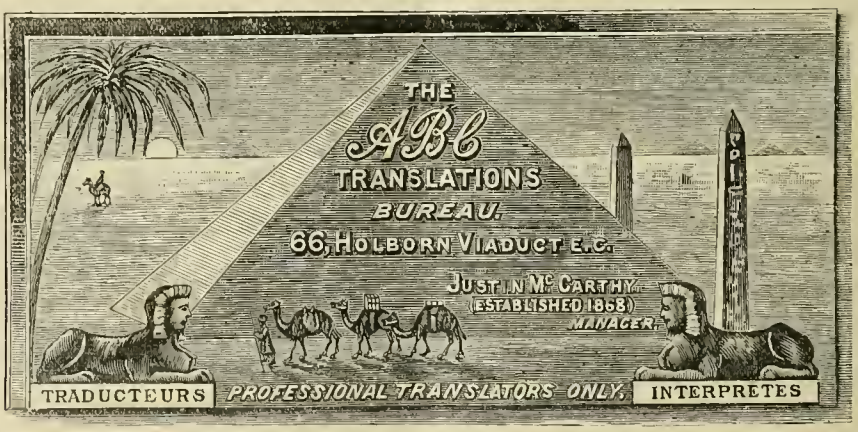

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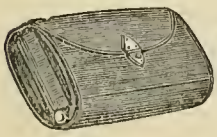

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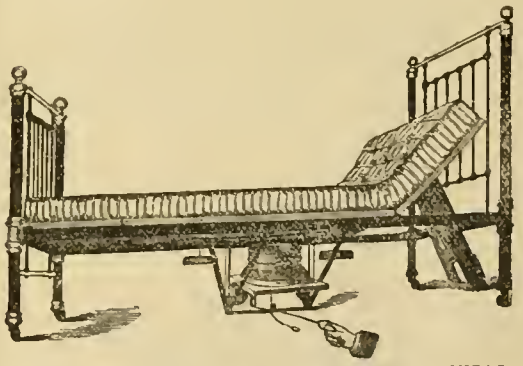

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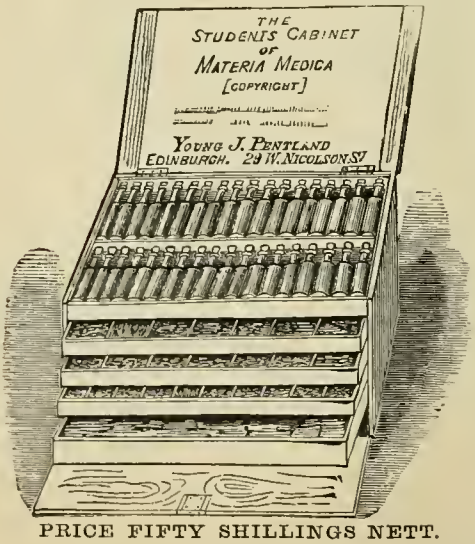

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"New York Medical Journal," *August* 1880, Dr. F. Weir, *in Lecture delivered to the College of Physicians and Surgeons, New York.*

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